
Oregon Health Authority – Addictions and Mental Health Division (AMH)

Biennial Implementation Plan Guidelines

2013-2015

AMH developed the following guidelines in consultation with key county representatives and stakeholder advisory groups. The guidelines are designed to keep counties and AMH in compliance with statutes, block grants and other federal requirements. While flexible funding gives each county the freedom to spend local resources in the way that will best achieve health outcomes in its community, the biennial implementation plans will show how counties will meet those outcomes. To support success, AMH will provide resources and technical assistance to help develop plans that will meet each community's needs.

General Guidelines:

- Local Mental Health Authorities (LMHAs) will use information from their community needs assessment (Section 2) to describe the overall system, strengths and areas for improvement in the system, and a budget plan for the biennium.
- This information will be submitted in the form of a Biennial Implementation Plan (BIP) to AMH by March 1, 2013.
- AMH is available to provide technical assistance in the development of the BIP.
- AMH will conduct a review and approval process upon receipt of the plans.
- General review criteria can be found following each section, to help clarify the required information.
- AMH will notify each LMHA of any areas needing additional information, and when plans have been approved.
- Plans requiring additional information must be completed and approved prior to the effective date of the contract for the 2013-2015 biennium.

Curry County Biennial Implementation Plan 2013-15

Introduction

Beginning in July, 2013 Curry Community Health, a 501c(3) corporation is designated as the Community Mental Health Program for Curry County and will contract directly with AMH to provide services and fulfill Curry's responsibilities. Significant effort has taken place to transition the former Curry County Health & Human Services Department to Curry Community Health and this occurred on Feb. 1, 2013.

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**

A large number of our community-based programs may be viewed as promotional activities that increase awareness of mental health issues and the supportive services needed to promote good mental health for the people of Curry County. Included in these are the school-based treatment programs in Port Orford and Brookings reaching administrators, teachers, counselors, school nurses, students and their parents; the

Human Services Advisory Board which is composed of representatives from medicine, education, law enforcement, other health and mental health providers and consumers and advises and assists the agency in development and improvement of service delivery; crisis services that take place at the hospital emergency department and in the jail that inform doctors, nurses, individuals and their families, deputies and inmates. Curry Community Health provides financial assistance, training and support to a peer operated clubhouse model program named Pacific Crossroads that in the reporting period obtained its 501c3 non-profit status. This is an active advocacy group providing a safe place to gather as well as a variety of classes addressing practical needs. Our clinicians view each contact with an individual, family member, educator, community provider, medical provider, law enforcement officer, butcher, baker and candlestick maker as an opportunity to reduce the stigma of mental illness and encourage social inclusion and participation.

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

Currently our Mental Illness prevention is limited. Our Prevention Program and partnering agencies are equipped to offer small scale anger management, life skills, and self-esteem groups. These groups are designed to target high-risk kids from 4th grade to 8th grade and occasionally high school. There are currently about 25 youth county wide enrolled in such groups. It is hard to identify if these youth need additional mental health services but referral information is given to all facilitators. The recent addition of school based mental health services at our School Based Health Clinics provides for some additional prevention in suicide and mental health related issues.

Drug and Alcohol Prevention coordination is done by Karlie Wright, CPS. The focus is mostly youth from 4-18. The current programs being offered include Positive Action in 3rd, 4th, and 5th grades, targeted groups for 4th, 5th, and 6th grades. Strengthening Families 10-14 is offered county wide in collaboration with the local community

college. The Curry County Youth Summit is in its 6th year and it tailored to the Prevention needs requested by a focus group of high school aged youth. In coordination with programming, the Prevention Coordinator participates in presentations with other agencies, non-profit groups, and service organizations on the current drug and alcohol use trends and data. Usually monthly there is an op-ed piece in area newspapers regarding drug and alcohol use among youth. Curry County received a SPF SIG grant which is focused on binge drinking among 18-25 year olds. 2013-14 is the final year of this 3year project designed to create community strategies to address binge drinking in this population. Our Coordinator for the project frequently conducts focus groups for all ages and has developed a survey about alcohol norms in our County. This information has been valuable to all prevention programming.

Problem Gambling Prevention is included in all prevention based programming that Curry County coordinates. This includes informing youth that they should not be betting or wagering, specifically their time. There are also op-ed pieces published regarding trends and current data. Curry County has participated in the Gambling Art Search for the previous 2 years. For the adult population we provide brochures and information at key areas in the community. There are also posters and flyers hanging around all businesses that have Oregon Lottery in their establishments.

- **Early intervention:** School-based clinics are operating in Brookings and Port Orford. The mental health program is currently providing care for eleven students in Brookings schools and thirteen in Port Orford schools. There is good collaboration and coordination of services with these two school districts and in Port Orford there is partnering with the Bandon Medical Clinic as well. The mental health program has made two clinicians available to the districts that are seeing children in Brookings and Port Orford. Referrals to the school-based clinics might come from parents/guardians, teachers, school counselors, or the child. Children age 14 and older can access services without parental consent and enrollments are done at the school. These services are largely funded through capitation with AMH state funds covering costs for non-OHP youth. Program policy is that no child will be turned away for lack of ability to pay.

Curry Community Health works closely with Child Welfare Services by assessing and providing treatment services to children who have been removed from their homes and placed in foster care and/or have experienced or witnessed violence, abuse or neglect. We have enrolled children as young as three years for these services. Four of our therapists have been dedicated to providing mental health care to children. Meetings with Child Welfare Services take place twice per month for the coordination of care as well as monthly case staffing meetings with staff from Juvenile Justice. In addition to the school-based health clinics already described we offer eight-week therapeutic play groups for younger children, and a self-esteem group for preteen and teenagers. Also offered is the **Integrated Service Array (ISA)** which includes **Intensive Children's Treatment Services (ICTS)**. The latter includes care coordination; case management; individual, group and family therapy; crisis prevention and intervention; psychiatric services; skills training and behavioral intervention and respite care. The skills trainer works with both children and parents on communication, collaborative problem solving, and parenting skills. **Intensive Treatment Services (ITS)** consisting of psychiatric day treatment and psychiatric residential treatment services are also available. In the area of addictions, early intervention includes an adolescent treatment group with curriculum including Cannabis Youth Treatment.

- **Treatment and recovery:** In 2012 the mental health and addictions programs of Curry Community Health saw a total of 1,178 individuals for a combined total of 11,308 visits. For both the mental health and addictions programs, thorough diagnostic, bio-psychosocial assessments are performed on enrollment and are followed by treatment planning individualized to meet the special needs of each person. Treatment visits include the children's services described above. For adults in each program, individual, group and family therapies are provided as well as case management services for individuals who require resources and referrals in connecting with financial entitlement and other supportive community services. In the mental health program, groups offered include a co-ed group for adults with Post Traumatic Stress Disorder and a women's psychotherapy group. Psychiatric services are provided to both children and adults, including medication management for individuals with co-occurring disorders referred by the

Developmental Disabilities and Alcohol & Drug programs. PASARR assessments are performed by qualified clinicians in the local nursing home facility. The A&D program provides consultation and education; coordination of services; assessment and intervention referrals for individuals presenting to the Curry General Hospital Emergency Room; residential placement; UA monitoring; counseling and treatment for alcohol and other drugs, gambling, anger management, domestic violence perpetrators and victims of domestic violence. DUII classes for individuals referred by the courts are also provided. All services in both programs are offered by highly trained and credentialed staff using evidence based practices including but not limited to Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Collaborative Problem Solving, Motivational Interviewing, Solution Focused Brief Therapy, Strengths Based Case Management and Trauma-Focused Cognitive Behavioral Therapy. Our electronic medical record with documentation of services from both mental health and addiction programs enable clinicians to easily monitor progress and coordinate treatment for individuals who are dual disordered.

- **Crisis and respite services:** Crisis services are provided seven days per week, 24 hours per day. After 5:00 p.m. and before 8:30 a.m., crisis screenings are performed by telephone with trained master's level clinicians at ProtoCall, Inc. Persons calling during this time period are counseled and given information on scheduling an appointment or, if in need of urgent or immediate intervention are directed to go to the emergency department at Curry General Hospital where they can be assessed medically and by Curry Community Health Mental Health staff. Individuals who are in crisis during business hours may present at either the Brookings or Gold Beach offices or at the emergency department at Curry General Hospital. Consultation and crisis assessment services are provided at both Curry General Hospital and the Curry County Jail. Crisis interventions are targeted toward reducing hospitalization and assisting individuals to maintain safety while using community supports. Civil commitment investigations are performed by clinicians certified by the state to do so. Completed suicides in Curry County are tracked with an emphasis on immediate outreach and intervention for those directly impacted by the death.

It is impracticable to avoid hospitalizations entirely and the Crisis program performs careful utilization management to ensure that individuals are not hospitalized longer than necessary. Check-ins with staff at the acute care facilities occur daily to establish how an individual is progressing, participate in discharge planning immediately following admission and determine what services and supports will be needed post discharge. These same protocols are followed for individuals admitted to sub-acute care. Staff in this program administers the LOCUS to assist in determining the most appropriate level of care for individuals with serious mental illness, facilitate residential placements and track the utilization of resources. Fund management is focused on assisting individuals to maintain the least restrictive, lowest level of care possible.

In addition to crisis assessments performed at the Curry County Jail, crisis staff provides weekly, solution-focused therapy to inmates while incarcerated with a focus on maintaining safety in the jail and, as appropriate, encouraging follow-up on release. Crisis intervention services include immediate telephone response through the 24 hour crisis line and triaged response for face-to-face intervention.

- **Services available to required populations and specialty populations:** Many services are tailored to “Required and Specialty Populations”.
 - ✓ For children with serious emotional disorders (SED), the Intensive Service Array (ISA) that includes Intensive Children’s Treatment Services (ICTS) and Intensive Treatment Services are available. Please see more detailed descriptions of these programs in the Early Intervention section above.
 - ✓ Adults with Serious Mental Illness (SMI) receive medication management, case management, supportive therapy, crisis services, acute and sub-acute placement services, supported employment, housing and peer support. Services are recovery-oriented, strengths based and focused on

independence and community inclusion. Where feasible evidence-based practices are used and when not, modified implementations of the models are employed. For example, because of funding/staffing limitations we are not able to offer an Assertive Community Treatment (ACT) program with fidelity to the model but are able to offer assertive treatment to SMI individuals that include multiple services and frequent visits in the community.

- ✓ Individuals who are intravenous drug users have immediate access to services. They are very frequently court referrals and have Antisocial Personality Disorder diagnoses. Staff in the Addictions Program has special training in dealing with criminality since a high proportion of IV drug users have committed crimes, sometimes violent, to support their use.
- ✓ Women who are pregnant and who have substance use and/or mental health disorders have full and immediate access to services based upon individual needs. In addition to direct counseling services case management is generally provided to assist with access to many programs offered by Public Health nurses including Maternity Case Management, Babies First and CaCoon. These programs address the needs of both prenatal and post-partum women, babies and young children. The mental health program addresses post-partum depression, anxiety and other mental health problems while Alcohol & Drug provides individual and group therapy as well as relapse prevention.
- ✓ Parents with substance use and/or mental health disorders who have dependent children have access to services for co-occurring disorders that include individual and group therapies, case management, medication management, and parenting skills training as well as UA monitoring and either internal or community referral to a relapse prevention program. Dependent children may also be enrolled and receive treatment options that include skills training to assist them in coping with a substance using parent and to prevent future problems with substance abuse or emotional disorders on the part of the child.
- ✓ Although Curry Community Health has not seen any individuals with tuberculosis disease in the past two years for mental health or addictions services, persons with tuberculosis who are in treatment for the illness and/or no longer infectious are eligible to receive the same set of treatment options as

any other enrollee. “No longer infectious” means that an individual’s sputum smears are negative and their physician has released them from quarantine. Since treatment compliance is often an issue and infectiousness can return, these individuals may also be requested to use a protective mask. Therapeutic foci for individuals with tuberculosis include strong support for remaining in treatment for the disease in the face of its adverse side effects; dealing with the fear of relapse and of transmission to family and others; coping with stigma and discrimination; and suicidal ideation.

- ✓ Persons with HIV/AIDS are eligible to receive the complete array of services offered in both the addictions and mental health programs since co-occurring disorders are higher in persons with HIV/AIDS. Depression, anger, low self-regard and anxiety need to be addressed in individual therapy in either or both programs. Case management may assist individuals to cope with stigma, lack of support, unemployment, low income and lack of social network. Group therapy may be offered to decrease isolation, support sobriety and teach relapse prevention and healthy living skills.
- ✓ Adolescents with substance use and/or mental health disorders are able to access all treatment options including the Intensive Service Array. An adolescent substance abuse group is offered in the Brookings office utilizing the Cannabis Youth Treatment curriculum.
- ✓ Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression are either referred by parents, foster parents, educators, Child Welfare Services or self-referred through the school-based clinics. Interagency collaboration occurs with CWS, Juvenile Justice and the schools. ICTS and ITS services are available and utilized most frequently with children and youth with behavioral problems in addition to mental health issues.
- ✓ Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system often come to our attention through the Curry County Jail where efforts are made to engage the individual to enter treatment after release. Once enrolled, case management services are provided for linkage to financial, housing, supported employment and other forms of assistance as appropriate.

- ✓ Persons with mental health and/or substance use disorders who live in rural areas need special assistance that is often difficult to provide. Efforts are made to schedule these individuals to see doctor and therapist on the same day to cut down on travel costs. Similarly, family members are scheduled to receive services on the same day. Far too many of individuals living in rural parts of the county cannot access therapy appointments with sufficient frequency to be effective and choose to receive only medication management. In these cases especially case management is an important service used to help people learn to use what public transportation exists in the county; obtain financial benefits, and have less social isolation through identification of what each community has to offer. Case managers' assessments of an individual's mental status assist the psychiatrist in treating the individual with current information based upon face to face contact.
- ✓ Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations have full access to services. Staff have competency in cultural diversity and our diagnostic assessment asks questions regarding a person's ethnic and cultural identifications. Individuals are referred to supportive groups and affiliations in the community. We coordinate treatment with the Tribal Health Clinic in Smith River as opportunity presents.
- ✓ Persons with disabilities have access to all service options and buildings are wheelchair and bathroom accessible. Case management is provided to assist with financial and community resources including making arrangements for an individual to receive services from a Personal Care Assistant who ensures that the basic activities of daily living are accomplished.
- ✓ All clinical services offered by Curry Community Health are trauma-informed. The majority of the individuals seeking outpatient treatment here have experienced trauma. Clinical staff is acutely perceptive of trauma based symptoms and sensitive in eliciting information and allowing treatment to be client driven especially as to pace and content.
- ✓ A population considered "specialty" in Curry County are the elderly. Individuals coping with declining health and mobility as well as chronic pain are very often depressed to the point of needing psychiatric care. Individual counseling is helpful in providing support, developing insight and

providing skills to cope emotionally with these problems. CCH staff is involved in the Senior Care Network attending monthly meetings to gather information and input about what services for the elderly we can provide.

- ✓ Curry Community Health plays an important role in the Curry County Mental Health Court by conducting screenings; collaborating with the district Attorney on potential referrals; providing wrap-around services to prevent recidivism; attending court with enrollees and reporting compliance to the court. Wrap-around services include medication management, case management, individual therapy, A&D services, supported employment.
- ✓ Curry Community Health has an oversight role for Bell Cove, the new treatment home developed by Columbia Care for individuals under the jurisdiction of the Psychiatric Security Review Board. This includes being the liaison with the Psychiatric Security Review Board and the State Hospital state offices; evaluation of prospective residents of Bell Cove; making recommendations regarding placement and continued treatment; monthly reporting to the Psychiatric Security Review Board/State Hospital Review Panel; and monthly announced and unannounced visits to Bell Cove.

- **Activities that support individuals in directing their treatment services and supports:** Prior to directing services, individuals must have easy access to the agency and enrollment procedures that are as user-friendly as possible. All individuals requesting services are offered a telephone screening within a time frame that is most convenient for them, which can be as quickly as within an hour of the initiating call. Screenings are reviewed within the next business day to determine eligibility and the medical necessity of services and most individuals receive a call back within that business day to discuss their treatment options. Individuals whose eligibility has been confirmed are offered first available assessment appointments in the office location nearest and most convenient for them. Treatment options are discussed via telephone with individuals even if they are determined not to be eligible for services and letters outlining the options discussed are sent out the same day. Three attempts are made to complete the telephone screening and if the individual remains unreachable a letter is sent next business day

advising the individual of the attempts and inviting them to re-contact in order to set up another screening.

- Planning for individualized services and supports initially involves giving the individual information about the treatment programs and options available to them. This often results in a close collaboration between the mental health and the addictions programs as well as cooperation and partnership between our programs and individual's primary care physicians, the judicial system, supported employment and a wide variety of additional supportive community providers. In the context of the therapeutic work with an individual, clinicians strongly encourage family participation in the treatment, especially with children. Also an important resource is Pacific Crossroads, a private, non-profit program that is peer driven and provides training in the use of computers, information regarding mental illnesses in order to be an educated consumer, budgeting and financial management and other living skills, in other words, peer provided case management.

Review Criteria:

- **Plan addresses each area.**
- **Specific services and supports are described.**
- **Plan prioritizes populations and addresses specialty populations, giving specific examples.**
- **Plan incorporates the Strategic Prevention Framework to guide local prevention planning and program implementation.**

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

The Curry County Board of Commissioners, as the LMHA, has designated Curry Community Health (CCH) to be the Community Mental Health Program (CMHP). CCH directly provides promotion, prevention, treatment, crisis, and community support services. CCH provides a number of services through sub-contractors. These include

Supported Employment, supported housing and other housing provided by Columbia Care. Additional psychiatric services are supplied via telepsychiatry in both Gold Beach and Brookings and documentation authorization through Credible electronic medical record. Other services subcontracted are assessments and treatment interventions for children with exceptional needs, certificates of need (CONS) assessments, and investigations of abuse and/or neglect as needed. CCH pays for acute care and crisis resolution services for medically indigent as needed.

Review Criteria:

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

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

Curry Community Health has partnered with AllCare in developing a maternal medical home , a collaboration between CCH-Public Health, local OB-GYN practice with a behavioral health component planned in the coming months. The CCH CEO (CMHP Director) chairs the AllCare Community Advisory Committee and is a member of the AllCare Board.

Both of the CCO's serving Curry (AllCare and WOA) are participating in the MAPP Comprehensive Community Health Planning Process for Curry being facilitated by CCH Public Health. CCH-Human Services is a key partner in that process.

CCH is working with both CCO's to negotiate one system to mesh billing, policy and procedure and other essential functions, regardless of CCO. Collaboration is already taking place in terms of QA/QI, chart and utilization review and acute care authorizations and follow-up for individuals who both participating in the CCO's and those not participating. The shared goal is to have one set of protocols for acute care and children's residential services so

that services in Curry are seamless. The consensus being worked on is for CCH to hold contracts with facilities and to make services available to both CCO's via those contracts.

CCH is currently receiving full capitation from each CCO and is at-risk financially. Alcohol & Drug Treatment services are on a fee-for-services arrangement with each CCO.

Review Criteria:

- **Description includes current collaboration and plans for future collaboration as the new system is developed.**
- **Collaboration efforts include the community needs assessment.**

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

Mental Health Advisory Council-

Carol Raper, Mental Health Program Manager, Curry Community Health

Cathy Klamroth, South County Representative

Chief Dixon Andrews, Gold Beach Police Dept.

Dr. Carl Utterback, Family Practitioner, Curry Health Network

Jan Barker, Addictions Service Program Coordinator, Curry Community Health

Jeff Turner, Licensed Clinician, Coastal Home Health and Hospice

John Woodland, School Psychologist, South Coast Education Service District

Larissa Yoder, Case Manager Mental Health, Curry Community Health
Lora Maxwell, Director of Nursing, Curry Health Network
Lt. Dotson, Brookings Police Department
Myrna Barber, Director, Commission on Children & Families
Undersheriff Bob Rector, Curry County Sheriff's Department
Anna Maria Franciska, Family Member of Mental Health Patient

Statute requirements are met.

LADPC-

Mindy Baines, South Coast Community Resource Center
Chuck Barber, Recovering Addict/Alcoholic
Holly Stephens, Counselor, Central Curry School District
Wendy Lang, Juvenile Probation Officer, Curry County Juvenile Department

The LADPC representation is currently low. Several members (3) moved out of the area and 1 resigned because of serious health issues. The plan to increase representation is to make a list of key individuals that would fulfill the gaps and personally invite them to attend a meeting and then ideally formally join the committee. This is challenging in our geographic area and we have individuals who participate in several boards/committees and it is difficult to commit to all of them. Our local LADPC approved by-laws in 2011 that stated 7 members was considered enough but could expand to 11 and that they only needed a majority present to partake in voting.

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.**

Curry Community Health (CCH), the LMHA for Curry County, began its community needs assessment process during the Fall of 2011. This assessment is a reflection of CCH's mission to integrate public health, mental health, addictions and community health promotion and prevention services. This assessment is not 100% completed, remaining activities include vetting of data enclosed in these reports with CCH mental health and addiction clients and completing a local health system assessment. As with the communities we serve, physical health, health behaviors, and mental health are not isolated conditions. If there is one resounding theme amongst the assessment activities included in this section, health is broadly defined as mental and physical well-being. The following information describes assessment methodologies and relevant mental and alcohol and drug data. Data sets are quantitative and qualitative, interpretations are a reflection of the expertise of CCH's Health Promotion and Prevention program and continue to evolve as more information comes available.

CCH is using MAPP (Mobilizing for Planning and Partnerships), the statewide standard for conducting community needs assessments. MAPP consists of four assessments- Community Health Core Indicator Data (quantitative data on physical health, mental health, substance abuse, and environmental); the Community Strengths and Themes Assessment; Forces of Change; and a local public health systems assessment.

MAPP is a community planning process developed to identify strategic issues and recommendations to improve health through the involvement of community members, consumers and stakeholders from community based organizations, advocacy organizations, and government. The process is facilitated by CCH's Health Promotion and Prevention staff and is intended to increase the efficiency, effectiveness, and ultimately, the performance of our local public health and mental health systems.

Methodologies

Described below is the methodology used for the Strengths and Themes Assessment which asked Curry residents core questions about health, mental health, quality of life, health care quality and accessibility in Curry County. This resident group is not exclusive to mental health consumers or families, but represents a broad base of individuals, approximately 12% of whom self-reported poor mental health status. Efforts are currently underway to conduct focus groups specifically with mental health consumers and families served by CCH's Community Mental Health Program. It is our intention to reach as broad a spectrum of consumers as possible. Consumers will be recruited by CCH Mental Health staff and every effort, including transportation, incentives, and child care will be provided to maximize participation.

Focus Groups

Invitations to participate in focus group discussions were distributed to ten locations throughout Curry County sampling a diverse age, geographic, and socio-economic distribution. Locations were given an overview of the four MAPP assessments, the focus groups questions, and the consent to participate form. Individual participation was voluntary and confidential. Groups were facilitated by Curry Health Promotion staff members, were audio taped, and then transcribed to ensure accurate reporting of the information provided.

Responses were coded by themes and recurring themes were tallied. Only themes which appeared in more than one focus group were included; tallies were counted as the number of individuals who mentioned the specific theme. A quantitative value for the most frequent theme was then assessed. The mean and standard deviation was calculated across all nine focus groups as a whole and for each specific question. Statistical importance of themes was then assessed in total and for each specific question. Data was aligned for comparison between youth, the middle aged, and elderly participants.

Between January and August 2012, a 21 question survey was developed based on MAPP recommended survey templates, Public Health Advisory Board and Vision Council input. Several drafts of the survey were considered and modified prior to distribution.

Surveys were distributed electronically via Survey Monkey to community members across Curry County and were promoted in area

newspapers. To ensure as diverse a representation as possible, Curry Health Promotion staff distributed surveys in each of the focus group mentioned previously, in community kitchens, and in congregations county-wide. Booths were set-up at the Azalea Festival in Brookings and the Curry County Fair in Gold Beach. Respondents were screened to ensure Curry residence and received incentives in the form of a raffle ticket for gift baskets focused on health themes. In total 621 were submitted.

Demographic information provided by the respondents:

- Current location of residence sampled throughout the county was thorough and consistent with population size. Almost 37% responded as currently residing in Brookings, the largest population center, followed by Gold Beach at almost 31%, and Port Orford at approximately 7%. Each of the eleven other population regions within Curry County responded.
- Approximately one-third of the respondents were male and two-thirds female. This was inconsistent with the US 2010 Census, Census County Division (CCD) in which there was an equal distribution of males and females.
- Representation of age distribution within each range was accurately captured by survey respondents. Slight inconsistency was noted with the greater than 75 population at 4% for respondents versus 12% for county residents.

Healthcare Access and Health Status

Respondents indicated that they were healthy; above 70 percent indicated a healthy or very healthy status for personal physical and mental health. For individual physical health, 22.8 percent rated themselves as being in excellent health and 52 percent rated themselves in good health. For individual mental health status, 36.9 percent rated themselves in excellent health and 50.2 percent in good health. ***More individuals rated themselves in fair or poor physical health compared to their mental health status; 25.3 percent versus 12.8 percent.***

Interestingly enough, 61.7 percent of respondents rated the overall health of the community as being somewhat healthy or in fair health and 10.7 percent as being in poor health. Twenty-four percent reported a good or healthy community and a minor 3.6 percent- excellent.

Regarding satisfaction of the health care system in Curry County, the majority of respondents reported being neutral at 34.1 percent; 23.4 percent were satisfied and 4.9 percent were very satisfied. More respondents reported being unsatisfied with the system with 27 percent dissatisfied and 10.5 percent being very dissatisfied.

When asked about the frequency of routine check-ups or other preventative care, 85.5 percent reported having seen a health care

provider within the past five years. Approximately 63 percent of respondents have a primary care, physician's assistant, or nurse practitioner that they visit regularly in Curry County. The majority of respondents access these providers in Brookings, 30.6 percent, or Gold Beach, 29.7 percent. Ninety-four percent of survey respondents are residents of Curry County. Of those 94 percent, 20 percent have a regular health care provider outside of the county (Please see attached Strengths and Themes Report).

Respondents were not specifically asked if they had seen a mental health provider. Data are likely more specific to primary care providers, some of whom may be providing mental health services and medication management. The critical variable of preventative healthcare among mental health and A&D treatment consumers requires further investigation and will be included in future focus groups and surveys focused on this population.

Core Health Indicator Data report (Please see attached)

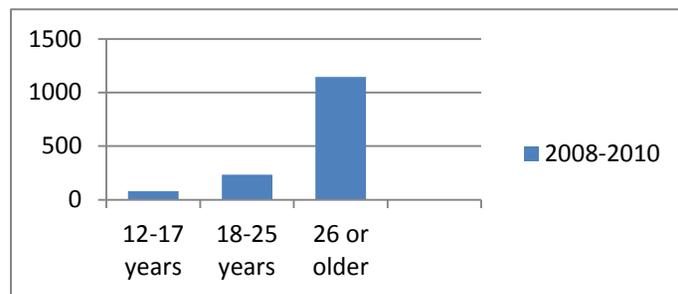
In many ways the quantitative data in the Core Health Indicator data report aligns closely with the qualitative data collected to date. The three most predominant health risks identified were all related to substance abuse: alcohol abuse and dependence, illicit or prescription drug abuse, and youth drug and alcohol abuse. Closely following were unhealthy eating and weight control, family and domestic violence, and tobacco use. These conditions are often attributed as a contributor to, or a reflection of, mental health and/or substance abuse disorders.

The quantitative data on substance abuse and mental health has been collected over several months and, as much as possible, is longitudinal. Data sets are derived from the AMH Curry County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012 and CCH's EHR.

Alcohol and Drug Abuse/Dependence

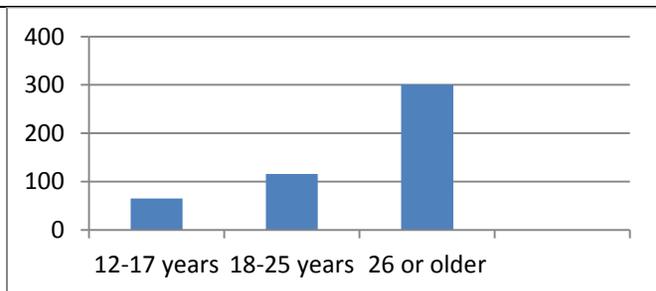
Curry's rates of death from alcohol are higher than the state average, but not unusual given Curry's rurality, poverty, and alcoholism. It is important to note that Alcohol-induced death data often reflect multiple causes of mortality including cancer, liver failure and other alcohol related causes.

Estimated numbers of individuals with alcohol dependence in Curry County by age group



Curry's rates of drug-induced death are higher than the state average and appear to be increasing. As indicated in many previous sections of this report, rates in small population sizes can see significant increases with one additional death in a 4 year period. Raw numbers are unavailable and should be given confidentiality associated with small sample sizes.

Estimated Number of Persons with Drug Abuse or Dependence in the Past Year in Curry County, by age category



Data Source: National Survey on Drug Use and Health, 2008-2010

Based on data from July 2011-January 2013 from CCH, 640 Curry residents received alcohol and drug treatment services over nineteen months. Data appears to represent roughly 47% of the 1350 individuals estimated to be abusing or dependent on alcohol and/ or other drugs. This might suggest a bright spot- Curry residents seek and receive treatment at a higher rate than the state or national average. Of these, 482 are male and 212 female. Data on specific age groups for individuals in treatment are not available presently. This data collection is a critical aspect of refining the community needs assessment to reflect as many subgroups as possible.

Psychological Stress, Youth

From 2004-2010, approximately 7.5% of Curry 8th grade girls and 4.3% reported psychological stress, these percentages are with .025% deviation for 11th graders by age group. Given that there is not a sharp increase or decline between 8th and 11th graders over a six year period, we might assume that these numbers are relatively accurate targets for early intervention.

Suicide Attempts

It should be noted that the psychological stress for youth percentages are slightly lower than the self-reported data on suicide attempts:

10% of 8th graders attempted suicide from 2004-2010 in comparison to the statewide average of 7.5%. In the same period, there seems to be a relative decline in suicide attempts among 11th graders at 5.5%. Unfortunately, CCH data for individuals under the age 18 only reflects individuals in crisis, not the total number enrolled in services. In total, 75 youth under 18 have received crisis

services since July 2011.

Mental Health Service Data

From July 2011 to present, 929 individuals have been served by Curry’s CMHP. Of these, 513 are female and 416 are male. 391 clients over 19 were seen for crisis services. Unfortunately, CCH data for individuals under the age 18 only reflects individuals in crisis, not the total number enrolled in services. This makes it difficult to determine the most likely diagnoses by age groups or sub populations, including gender and race.

Of the 929 individuals in mental health treatment, the most common diagnoses are have major depressive disorders (22%), anxiety disorder (17%), adjustment disorder (20%), post-traumatic stress disorder (6.3%), and bi-polar disorder (6%). Other diagnoses, likely attributed to primarily children are: ADHD (4%); impulse or oppositional defiance disorders (2.4%) and; physical or sexual abuse of a child (.004%). The remaining 13% represent small percentages of less common conditions including kleptomania, obsessive compulsive disorders, and eating disorders. Roughly 2% are alcohol and/or drug dependent. 7% were seen but did not have a diagnosis.

As the Community Health Needs Assessment continues to refine its final products, more attention will be paid to getting specific data about diagnoses for sub-groups in preparation for meeting the needs of special populations in future planning.

Review Criteria:

- **Process is clear.**
- **The role of peers and family is described and is meaningful.**
- **Reference to supporting documents is included where applicable.**

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

The community needs assessment data is currently being used to evaluate the prevalence of conditions, determine needs, and identify strengths in the local service system. As indicated earlier, CCH is in the final stages of its assessments, including the local service system. After all assessments have been completed, this data will be utilized to develop a community health improvement plan reflective of community-driven prioritization of needs and strategies for improvement.

Review Criteria:

- **Data used is relevant and includes priority and specialty populations**
- **Evaluation is informed by and shows connection of data to other community service systems**
- **Prevalence, needs and strengths are all addressed and the use of data in each area is described.**

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

As demonstrated in section a, the CNA process has engaged individuals representative of many groups for feedback regarding the health of Curry residents. Additional groups involved include the Curry MAPP Committee consisting of leaders in the local health system including the CEO of the Curry Health Network, the CEO of the local trauma provider, representatives from the St. Timothy's free clinic, Chamber of Commerce representatives, City mayors, and CCO providers. Other advisory groups engaged in the process include the AllCare Community Advisory Council representing OHP consumers, some of whom are mental health consumers or family members. Feedback is obtained by providing data sets specific to Curry related to health, mental health, substance abuse, and environmental health.

Advisory feedback has been incredibly useful and has required a lens of accountability we hadn't necessarily anticipated. We live in a data overload society, where numbers can usually be found to substantiate the need for a cause or an agenda that may or may not be necessary. The feedback we received was often to gather more information, over longer periods of time, and not jump to conclusions and overreact to issues that may or may not become community health improvement priorities. Data sets have often generated more questions and necessitated a need to gather subsets. Curry residents are not satisfied with data sets from County Health Rankings more likely to pass a "laugh test" in other areas. While the feedback process has resulted in a hugely enhanced time investment, the end product will have more credibility and inform a community health improvement plan with buy-in.

Next steps include working specifically with the LMHA advisory committee for feedback as well as the aforementioned focus groups with consumers in each community by subgroup. All of these advisories will continue to be involved in the vetting of the community health needs assessment data and the development of a community health improvement plan.

Review Criteria:

- **What groups did feedback come from?**
- **How is the feedback obtained?**
- **How is the feedback used?**

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	Plan to Maintain Strength or Address Areas
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	Improvement	Needing Improvement
a) Mental Health Promotion	<p>Strengths</p> <p>School-based mental health services available one day a week in each Curry School District.</p> <p>Aligned assessment endeavors between CCH Health Promotion and Prevention</p> <p>Increased promotion (messaging): connection between physical health (diet, health behaviors, health maintenance, medication management, and mental health).</p> <p>Opportunity for Improvement: Partner with CCH Health Promotions to increase public knowledge of available services.</p>	<p>Expand services to schools and families; collaborate more extensively with CCH maternal child health programs to identify families at risk of/currently demonstrating mental illness among family members.</p> <p>Further assessment activities in collaboration with CCH Health Promotion and Prevention to ensure health improvement projects for A&D/MH clients (focus groups, more intensive sub- group data analysis).</p> <p>Utilize focus group data to refine messages for consumers- physical, mental and environmental health status improvements.</p>
b) Mental Illness Prevention	<p>CCH Health Promotion and Prevention as well as additional staff understand connections between Adverse Childhood Experiences (ACE) and</p>	<p>Educate Curry health system partners including families, teachers, school administrators, police officers, partners and community service groups about ACE and associative conditions.</p>

	<p>implications for long-term physical/mental health outcomes.</p> <p>CCH maternal health, mental health, addictions, health promotion and prevention</p>	<p>Continue collaborative efforts with SWOCC and Coos County to shape Early Learning Council programs and funding allocations for early childhood services.</p> <p>Collaborate with the Curry Mental Health Court to educate neighbors, families, police officers, media, and community about symptoms of, and conditions conducive to mental illness, improving early intervention outcomes.</p>
<p>c) Substance Abuse Prevention</p>	<p>Strengths:</p> <p>CCH’s Health Promotion and Prevention Program initiatives:</p> <p>Positive Action is a SAMHSA endorsed EBP program proven to prevent substance abuse and improve resiliency among participants. Positive Action is being implemented as a pilot in 3rd grade classrooms county-wide.</p> <p>CCH’s SPFSIG program focuses on substance abuse among 18-25 aged Curry residents.</p>	

<p>d) Problem Gambling Prevention</p>	<p>Problem gambling data is limited. There are very few measures of problem gambling aside from those actively seeking treatment.</p> <p>More information is needed to draw correlations about strengths and opportunities for improvement.</p>	<p>Work with AMH to identify ways to collect data about problem gambling, establishing a critical baseline for planning.</p>
<p>e) Suicide Prevention</p>	<p>Strengths: Curry residents are largely educated about suicide rates amongst youth and adults as a result of Health Assessment and Curry Health Promotion efforts.</p> <p>There is a crisis-line available for individuals in crisis.</p> <p>Opportunity for Improvements Enhanced awareness of crisis-line.</p>	<p>This will occur during the Community Health Improvement Planning process following the completed community health needs assessment.</p> <p>Increase promotion/education within the community on how to access crisis services at primary physician offices and clinics, with law enforcement, at schools, with partnering agencies, through local radio and newspapers</p>
<p>f) Treatment:</p>	<p>Strengths:</p>	

<ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 	<p>Mental Health M.H. has a cohesive treatment team</p> <p>We have 4 licensed clinicians</p> <p>Clinicians are trained in a wide variety of EBP</p> <p>Treatment practice is recovery oriented and strength based</p> <p>We are moving toward more episodic treatment and phasing individuals to maintenance groups once treatment goals are met</p> <p>EMR enables us to work closely with A & D treatment team in dealing with dual disordered individuals</p> <p>Telepsychiatry allows us to provide medication management to more</p>	<p>Continue to encourage cohesive teamwork including A & D treatment team as well</p> <p>Continue to provide supervision for clinicians needing hours to qualify for licensure and cover cost of license for those individuals providing direct services and/or for jobs that require licenses. Support on-going CEUs through assistance with some of the cost of those trainings</p> <p>Encourage and provide training in the planning of treatment episodes. Provide recognition of successful treatment goal achievements.</p>
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	<p>individuals at less cost</p> <p>Weakness: Small clinical staff provide all services including crisis and commitments which pulls staff away from regularly scheduled treatment appointment and disrupts treatment and is time consuming</p> <p>Large turnover of staff due to the pay scale in the rural setting as compared to larger populated areas of the state</p> <p>Clinicians lack access to additional training in order to stay abreast of advancements in the field and expand the range of EBT we're able to offer.</p> <p>Medicaid documentation is still burdensome and slows access to initial</p>	<p>A & D team has begun to provide and assist crisis assessing for substance abuse at the hospital which has reduced calls from the hospital ED to mental health for those individuals testing positive for substance abuse and improved hospital collaboration/more effective intake for individuals needing A & D residential placement and/or outpatient A & D services.</p> <p>Reward and recognize achievement and productivity Review job descriptions and work performance with intention to normalize pay scale and bring it in line with other Oregon communities</p> <p>Provide opportunity for staff to attend training and to network to promote development of additional clinical skills</p> <p>Support state efforts to streamline Medicaid documentation</p>
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	<p>services.</p> <p>Addictions Strengths:</p> <p>Provide brief interventions using motivational strategies applied outside traditional treatment settings (hospital, clinics, PCP offices)</p> <p>The Addictions Team is cohesive and offers a wide range of experience</p> <p>We would like to offer services to those incarcerated</p> <p>Problem Gambling Strengths and Areas of Improvement:</p> <p>There has been a sharp decrease in referrals over the past few years</p> <p>Maintenance and Recovery Support</p>	<p>Continue to be available and to develop relationships with those community partners.</p> <p>Provide training opportunities to staff</p> <p>Explore funding opportunities</p> <p>We will be getting assistance from a Professional Development consultant from AMH</p>
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	<p>We offer ongoing Relapse Prevention/Aftercare Groups and encourage volunteers to attend</p>	<p>We will continue to provide this service</p>
<p>g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)</p>	<p>18 month BJA funding for a co-occurring, A&D/Mental Health court.</p> <p>Areas of Improvement</p> <p>BJA grant is short-term, identifying sustainable funding sources should be prioritized. Increased access to safe and sober housing, transportation, and supported employment.</p> <p>Improved health, care, at a lower price must be tracked via CCH base line data.</p>	<p>This will occur during the Community Health Improvement Planning process following the completed community health needs assessment.</p>
<p>h) The LMHA's Quality</p>	<p>CCH's Quality Improvement Process currently involves a</p>	<p>This planning will occur during the CCH strategic planning process after the completion of the Community Health</p>

<p>Improvement process and procedure</p>	<p>Quality Assurance Committee meeting monthly with content determined by the ISSR's and matters of importance to the local system. Quality of services is also monitored by the Human Services Advisory Board. The process will be refined by the outcomes of the CHNA. At the present time CCH participates in an integration planning meeting 2 X per month.</p>	<p>Improvement plan.</p>
<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p>A&D/18 month BJA funding for a co-occurring, A&D/Mental Health court.</p> <p>CCH meets monthly during staffing with the Juvenile Probation Officers and the school based Juvenile Case Worker, employees from Supported Employment (Columbia Care), Driftwood RTF administrator (Columbia Care) to coordinate and resolve issues.</p> <p>Staff meet twice monthly with DHS to discuss CWS children</p>	<p>This will occur during the Community Health Improvement Planning process following the completed community health needs assessment.</p>

	<p>on their caseload.</p> <p>Staff meet quarterly with law enforcement and the hospital to discuss crisis situations and use of the hold room during the previous quarter in the hospital ER.</p> <p>Staff has also joined a monthly meeting with Ombudsmen for DHS, and various other agencies providing care for the senior population.</p> <p>Mental Health provides care coordination and case management and assessment for the Mental Health Court and meets with defense attorneys, the D.A., and judges.</p>	
<p>j) Behavioral health equity in service delivery</p>	<p>Client demographics suggest equitable service access and delivery; however, transportation is a challenge for many clients.</p>	<p>Work with CCO's to ensure transportation funding, effective January 1. An MOU detailing logistics is necessary to overcome this barrier. Case Manager time will be needed initially to work out the bugs for clients, ensuring necessary appointments are met.</p>

	<p style="text-align: center;">Weaknesses</p> <p>Limited access to supported housing and employment.</p>	
k) Meaningful peer and family involvement in service delivery and system development	<p style="text-align: center;">Strengths</p> <p>All-Care Community Advisory Council represents consumers/family members. Data has been presented to this body.</p>	<p>As indicated previously, assessment data need to be specifically vetted among consumers, peer, and family to drill down into the data. Core outcome to include an assessment and analysis of CCH's mental health delivery system.</p> <p>Please see section 2 A for methodology.</p>
l) Trauma-informed service delivery	<p style="text-align: center;">See #1. System Overview, specialty population</p>	
m) Stigma reduction	<p>Currently there are no specific efforts underway to address stigma reduction.</p>	<p>Increased health promotion efforts are intended as a strategy for reducing stigma.</p>
n) Peer-delivered services, drop-in centers and paid peer support	<p>There is currently one drop-in center in Curry County. The Brookings center closed as a result of a lease dispute. A weakness of drop-in centers is the lack of organizational support needed for success. The drop-in center in Brookings was a 501(c3)</p>	<p>There is cu a plan in place to infuse staff resources to assist in reviving peer delivered services, drop-in centers, and paid peer support.</p>

	<p>organization, with its one board, responsible for doing its own grant writing, accounting, etc. This is a lofty undertaking for Curry Community Health as a new non-profit and is likely an unrealistic expectation for a peer drop-in facility.</p> <p>Data is unavailable on types of peer services delivered, how many peers are participating, and how many consumers are actively participating.</p>	
<p>o) Crisis and Respite Services</p>	<p>24/7 crisis line (through ProtoCall)</p> <p>Walk-in hours (during normal business hours, primarily in Gold Beach but also in Brookings)</p> <p>Consultation services provided to community partners including the jail and CGH</p> <p>Crisis assessment services</p>	<p>Centralized 24 hour crisis center(s) where law enforcement and the community can bring individuals to receive immediate crisis intervention, urgent screening for services, and recommendations for ongoing care (essentially a mental health and substance emergency room/urgent care) - Ideally this would include a detox center, hold room, respite services, medical care, and immediate prescribing.</p> <p>Collaboration with law enforcement to provide Crisis Intervention Team (CIT) training to local law enforcement agencies/officers.</p> <p>Implementation of HB 3466, which is a voluntary program</p>

	<p>provided to community partners including the jail and CGH</p> <p>Crisis intervention targeted at reducing hospitalization and assisting individuals to maintain safety while using community supports</p> <p>Civil commitment investigations</p> <p>Completed suicide tracking with an emphasis on immediate outreach and intervention offered to those directly impacted by the death</p>	<p>available to individuals with mental illness allowing them to provide information regarding their mental illness to law enforcement in advance of any potential contact which in turn assists law enforcement in determining most appropriate intervention in the field</p> <p>Provide crisis intervention training to Curry Community Health providers and Curry General Hospital staff</p> <p>Provide Mental health awareness training for the community</p> <p>Implement suicide prevention strategies</p> <p>Utilize focus groups and future community needs assessment efforts to determine the most frequent types of crises that prompt individuals to seek emergent services – use this information to target preventive measures</p> <p>Collaborate with law enforcement to determine how mental health can better assist with mentally ill individuals with whom they have contact with an emphasis on diverting hospitalizations and arrests.</p>
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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 This section of plan will be completed as AMH develops data and measures. We are able to approximate some of the data but want to be able to be definitive before formalizing. Based upon review of current performance we are confident that we are meeting all of the performance measures.		
Performance Measure	Data Currently Available	Current Measures (If available)
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		
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		
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		
f) Percent of participants in ITRS reunited with child in DHS custody		
a) Percent of individuals who report the same or better		

housing status than 1 year ago.		
b) Percent of individuals who report the same or better employment status than 1 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		
<p>a) Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:</p> <p>As a small CMHP our program is already based upon achieving these measures- access, follow-up, maintaining low rate of hospitalization, etc. We are interested in suggestions for improving this and will evaluate further as the data and measures are developed.</p>		

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

- a) Planned expenditures for services subject to the contract: \$944,000 (AMH); \$38,000 (Beer & Wine); \$65,000 (MH fees); \$380,000 (A&D Fees); \$28,000 (ITRS); \$100,000 (SPFSIG); \$90,000 (AMHI)= \$1,645,000 biennium

Budget Template is attached. We do not budget by all of the sub-categories and provide promotion, early intervention, outreach, etc. through one unified program. Separation of these funds would be artificial at best at this time.

Review Criteria:

- Allocation matches goals for increased performance in areas needing improvement.
- Allocation reflects community needs assessment.

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.	These are allocated to treatment.	X	
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	These are allocated to treatment and prevention.	X	
c) Use of funds allocated for alcohol and other drug use prevention.	These will continue to be allocated to prevention.	X	

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

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.

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

Budget Period July 1, 2013- June 30, 2015
 Date Submitted 1-Mar-13

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other (mh fees) (a&d fees) (ITRS) (SPFSIG 1 yr) (AMHI)	Total	Carry-over Amount	Comments	Historical			
						65000 380000 28000 100,000 90,000				2 year	1 year		
			944,000	38000		90,000	#####						
Behavioral Health Promotion and	Mental Health	Adults		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	included under therapeutic interventions			
		Children		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	included under therapeutic interventions			
	Alcohol and Other Drug	Adults	\$20,000.00	\$0.00	\$0.00	\$80,000.00	\$0.00	\$0.00	\$0.00	SPFSIG target 18-25 yr olds (1 yr)			
		Children	\$80,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00				
	Problem Gambling		\$36,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
	Outreach (Early Identification and Screening, Assessment and Diagnosis)	Mental Health	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	These functions are budgeted for and provided through the behavioral health staff which are all contained under therapeutic interventions		
		Children	\$0.00	\$0.00	\$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	\$0.00	\$0.00			
		Children	\$0.00	\$0.00	\$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	\$0.00	\$0.00			
Initiation and Engagement	Mental Health	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	These functions are budgeted for and provided through the behavioral health staff which are all contained under therapeutic interventions			
	Children	\$0.00	\$0.00	\$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	\$0.00	\$0.00				
	Children	\$0.00	\$0.00	\$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	\$0.00	\$0.00				
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)	Mental Health	Adults	\$346,000.00	\$0.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$0.00		SE 20-200K; SE 24-46K; SE25- 100K		
	Children	\$102,000.00	\$0.00	\$0.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$0.00		SE22- \$78K; SE25- 24K		
Alcohol and Other Drug	Adults	\$200,000.00	#####	\$0.00	#####	\$0.00	\$0.00	\$0.00	\$0.00		Fees-280K; ITRS- 28K		
	Children	\$82,000.00	#####	\$0.00	#####	\$0.00	\$0.00	\$0.00	\$0.00				
Problem Gambling		\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Continuity of Care and Recovery Management	Mental Health		\$90,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AMHI			
	Alcohol and Other Drug		\$0.00	\$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	\$0.00				
Peer-Delivered Services			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Funded through capitation			
Administratio			\$28,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Other (Include			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
Total			#####	#####		#####					\$1,645,000.00		

Historical bienn	2 year	1 year
Local Admin MH	\$25,476.00	\$12,738.00
Local Adm- A&D	\$2,500.00	\$1,250.00
MHS 20- adult	\$200,000.00	\$100,000.00
MHS 22- child	\$78,000.00	\$39,000.00
MHS 24 reg acute	\$46,000.00	\$23,000.00
MHS 25 comm crisis	\$124,000.00	\$62,000.00
AD 66- continuum	\$282,000.00	\$141,000.00
AD 80 gamb prev	\$36,000.00	\$18,000.00
AD 81 gamb trt	\$50,000.00	\$25,000.00
AD 70 a&d prev	\$100,000.00	\$50,000.00
beer & wine	\$38,000.00	\$19,000.00
MH fees	\$65,000.00	\$32,500.00
A&D fees	\$380,000.00	\$190,000.00
ITRS	\$28,000.00	\$14,000.00
SPFSIG (1 year)		\$100,000.00
AMHI		\$90,000.00

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



29821 Colvin St.
Gold Beach, OR 97444

(541) 247-4802

FAX: (541) 247-

Memorandum

To: Michael N. Morris, M.S., Administrator
LuAnn Meulink, Project Manager

From: Curry Community Health

Date: April 19, 2013

Re: 2013-2015 Biennial Implementation Plan Additional Information

Thank you for your feedback on our Biennial Implementation Plan. The following is our response to your request for additional information:

Prevention Planning: See attached.

Advisory Board Members:

Cathy Klamroth, Administrator, Driftwood Lodge RTF
Chief Dixon Andrews, Gold Beach PD
Dr. Carl Utterback, Primary Care Physician, Curry Health Network
Jeff Turner, Coastal Health and Hospice
Dr. John Woodland, Curry County School Psychologist
Lora Maxwell, Director of Nursing, Curry General Hospital
Lt. Dotson, Brookings PD
Dr. Myrna Barber, Director, Curry County Commission on Children and Families
Undersheriff Bob Rector, Director, Curry County Jail

We are recruiting additional participation in our Advisory Board to 20%. We are holding focus groups in each of the main towns in Curry County and using a consumer survey to identify individuals who might want to participate in the Advisory Board.

Maintenance of Effort Attestation for Beer and Wine Tax funding of addictions prevention and treatment services. See attached.

Plans to incorporate performance measures:

- A number of performance measures are already being met or worked on.
- The QA Work Plan for 2013-2014 incorporates performance measures to increase access and the speed of initiation of treatment services following assessment services.

Public
Health

Environmental
Health

Mental
Health

Addictions
Services

Health
Promotion



29821 Colvin St.
Gold Beach, OR 97444

(541) 247-4802

FAX: (541) 247-

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- Individuals in facility-based care are already receiving follow up within seven days or less.
 - The crisis department tracks admission and readmission rates for both hospital and residential facilities.
 - We are working on ways to track the percentage of reunification of children in DHS custody with parents.
 - We have included supported employment outcome objectives in our QA Plan.
 - We are tracking employment, health, friendships, relationships with family, participation in community, socialization, recreation and other factors in a Quality of Life Survey we will implement at enrollment and every 6 sessions thereafter to track progress and measure outcomes.
 - Our OSH admissions remain very low and at present we have no individuals at the State Hospital.

CCH BIP-SPF Incorporation

Curry Community Health (CCH) has extensive experience working with the Strategic Prevention Framework (SPF). CCH has been an AMH grantee for the SPFSIG grant focused on reducing under aged drinking among 18-25 year olds. CCH Health Promotion and Prevention staff as well as the Executive Director, Jan Kaplan have received training on the SPF model and integrate core concepts into all other aspects of health improvement planning.

CCH initiated a comprehensive Community Health Assessment process approximately 18 months ago, utilizing quantitative data to identify specific areas of need; comparing and contrasting with qualitative data from 700 community surveys and 150 focus groups. The Strategic Prevention model helped to specifically identify primary, secondary and tertiary areas for prevention. Target interventions identified have been based on community readiness and focused on what evidence-based practices are most likely to make an impact. Target interventions utilize evaluative measures to assess strategic impact within the prevention framework.

For example, an area of need and readiness juxtaposed with an evidence based practice is elementary school prevention services utilizing the evidence-based Positive Action curriculum. Curry Community Health directed our capacity towards a focus on elementary prevention services as well as targeted middle school aged programming. After extensive planning, CCH trained facilitators and organized all three local school districts to implement programming for both elementary and middle school age groups. The implementation stage is very new and time will allow us to do extensive evaluation to see if the work is in fact improving drug and alcohol use numbers. Sustainability will be our continued effort to train volunteers to continue implementation of these programs.



94235 Moore Street
Suite 121
Gold Beach, OR 97444

Beer and Wine Tax Attestation for Curry County

In accordance with ORS 430.345 to 430.380, Curry County shall maintain its 2013-15 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for 2011-13. These funds are budgeted to be transferred to Curry Community Health who is designated as the Community Mental Health Program for Curry County effective July 1, 2013. Curry Community Health shall apply these funds exclusively for alcohol and other drug treatment and prevention services.

Jan Kaplan, CEO Curry Community Health
Dated April 19, 2013