

**Biennial Implementation Plan Guidelines
Klamath Behavioral Health and Wellness
(formerly Klamath County Mental Health)
2013-2015**

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.

1. System Overview

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

- **Mental Health Promotion**

Klamath County Behavioral Health and Wellness, formerly Klamath County Mental Health, is currently part of a collaborative outreach/educational campaign, with a focus on suicide prevention and education, entitled "Address the Pain" through local radio stations in conjunction with the Klamath Crisis Center, Lutheran Community Services Northwest, Klamath Youth Development Center and other community partners. KBHW has also recently started a Facebook page and Twitter account to expand social networking in addition to information provided on our website. KBHW has participated in local health fairs and supported recent NAMI Resource Fairs. The Klamath & Lake Community Action Services organization has recently invited KBHW to be a part of the 211 database for this region which provides a one-stop-shop for health care, basic needs such as food/housing as well as specialized needs. The KBHW staff has recently begun an awareness campaign to local agencies presenting the

Open Access system and the newest menu of services available, including the expanded availability of treatment groups.

The Supported Employment case management team frequently visits local companies to promote the SE program and the benefits derived from this program and how it can enhance their business.

The monthly Mental Health Advisory Board meetings provide a platform for promotion of Mental Health service programs as well as peer and family delivered supports of NAMI and the Oasis Drop In Center Club. Community providers attend and also provide updates regarding ongoing programs.

KYDC promotes behavioral health issues and services through a variety of mediums. KYDC maintains a website with general information about programming and accessing services. As discussed above, KYDC is partnering with a number of other agencies in the Address the Pain suicide prevention campaign, as well as a child abuse prevention campaign, Stop the Hurt, and an education/graduation campaign, Graduation-It's the Expectation. KYDC collaborates with NAMI and provides spaces and promotional materials for their groups. KYDC also participates in the Youth Development Network and Early Childhood Partnership planning groups, as well as the local Multidisciplinary Planning Team and Mental Health Advisory Board.

Children and families can access behavioral health services at any time through KYDC's Instant Access system. Clients can walk in or call to obtain a same-day assessment, plan and schedule for the prescribed episode of care. Clients' need can be met through a continuum of care including outpatient mental health and substance abuse treatment to Intensive Community Treatment Services to the high intensity Psychiatric Day Treatment Services. Other services include Healthy Start~Healthy Families of Klamath County, treatment for domestic violence offenders, treatment for juvenile and adult sex offenders, In-home Safety and Reunification and School Based Services.

Lutheran Community Services Northwest (LCSNW) provides various information on their website about the services they provide in addition to a special educational section for elder caregiving.

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

The “Address the Pain” campaign, addressed in the section above, provides community outreach for suicide prevention through different local radio stations that reach a wide variety of age groups and lifestyles which promote classes and provides information, events, resources and encouragement to contact various local agencies and organizations. A staff member has also attended a speaking engagement at a local high school in conjunction with the campaign. The KBHW crisis program provides interventions through immediate counseling that assists in diverting individuals from a higher level of care such as hospitalizations and the overnight respite program at Phoenix Place. When these interventions still cannot meet the level of need for an individual, they are offered respite as a prevention measure to hospitalization. KBHW’s participation in health fairs provides some screening as well as educational resources to individuals.

Lutheran Community Services Northwest (LCSNW) is the contracted provider for A&D prevention services for Klamath County and provides alcohol and drug prevention services at local City and County schools through “Project Changes,” a unique LCS program focused on prevention, intervention and treatment of alcohol, tobacco and other drug use among middle school/junior high and high school students. Assessment, treatment and referral are provided by an onsite specialist who works in tandem with school staff to help reduce ATOD use. The program includes a Leadership and Resiliency Training, an evidence based practice, for 9th-12th graders. Other evidence based programs provided by LCSNW are the Botvin’s LifeSkills Program for 7th-12th graders, which focuses on communication skills, decision-making, stress management, self-esteem, behavior management and problem solving. The Too Good for Drugs program is based in the elementary schools and the Not on Tobacco program is provided to individuals in the 7-12th grades. In addition, LCSNW has, for many years, facilitated the annual Prevention Summit. Last year approximately 35 community members and 10 youth attended training,

provided by Jason Yarmer, regarding implementation of a prevention plan. In May 2013, LCSNW is planning another event with a focus on bullying, substance abuse and child abuse.

Lutheran Community Services Northwest has received the funding for the Strategic Prevention Framework trainings. All of the Project Changes staff have attended trainings to date. LCSNW has one CPS certified prevention staff who will be actively participating in the Strategic Prevention Framework process as it unfolds. Klamath County recognizes the State priorities of 1) Binge and 2) Heavy Drinking of individuals between the ages of 18-25 year olds as well as 3) Underage Drinking. Klamath County has previously identified three additional local priorities: 1) Reduced teen drug use, 2) increased perceived risk of harm from substance use, and 3) increased youth disapproval of substance use. Klamath County, in collaboration with LCSNW, will facilitate the planning process and recruit a community coalition of appropriate partners to begin the process of the SPF using existing epidemiological data and other local data and input inclusive of the cultural representation of the County to determine the best evidence based practices that will meet this community's need in the most sustainable manner possible. LCSNW is also involved with the Klamath Crisis Center PAWS prevention program as well as the Klamath Violence Prevention Committee which meets at Klamath Union High School on Wednesdays to provide education and prevention services as well as discussions aligning with the Strategic Prevention Framework.

KYDC's Healthy Start~Healthy Families of Klamath County is a nationally accredited child abuse prevention program. This program identifies high risk, first birth families and offers support and education through a free and voluntary home visiting program. This program has proven success in decreasing child abuse rates, improving parent-child relationships, improving child's health and improving children's readiness to enter school. KYDC's Intensive Safety and Reunification Program works closely with the local Child Welfare program to provide intensive home visiting services to families at risk of having their children placed in foster care. ISRS workers collaborate with families to develop plans to stabilize the family and maintain the child/children in the family's care.

Currently, Klamath County does not have a gambling prevention program.

BestCare Treatment Services has purchased television advertising to promote its outpatient and residential care programs targeting adults in need of substance abuse intervention and treatment. Their website also provides useful information on how to select an alcohol and drug abuse treatment provider.

- **Early intervention**

Klamath Behavioral Health and Wellness is currently working with the jail to provide assessments and interventions to assist in diverting individuals from a higher level of care, such as the State hospital, as well as to decrease the length of incarceration. In addition, several staff of KBHW and Lutheran Community Services Northwest are participating in a planning work group as a part of the Local Public Safety Coordinating Council to develop a local Behavioral Health/Mental Health Court. Part of this planning process is to integrate the drug court, veteran's court and mental health court to streamline service provision. Commitment from at least one judge, the DAs office, Community Corrections, Lutheran Community Services Northwest, Sky Lakes Medical Center and other community partners has been obtained. KBHW also provides prescreening at health fairs.

Lutheran Community Services Northwest provides a Family Life Skills Program offering parent skills training and in-home coaching. Their athletic diversion program promotes communication skills and drug education for parents and their children in schools such as Lost River, Chiloquin and Gilchrist. LCSNW also provides family reunification services through relationship based education for parents who have had children removed from the home due to abuse or neglect.

As described above, Klamath Youth Development Center provides the county's Healthy Start~Healthy Families of Klamath County child abuse prevention program as well as Intensive Safety and Reunification Services. KYDC collaborates with the city and county school districts to provide behavioral health outreach workers in seven schools. These workers assist in identifying children possibly in need of behavioral health care and help the

families to access the appropriate services and supports. They also provide character education in elementary schools to the general student population.

BestCare provides a level I DUII program that reaches individuals through consciousness awareness to individuals who have not progressed into addiction.

- **Treatment and recovery**

KBHW provides outpatient adult mental health treatment services in the form of crisis therapy and 24 hour crisis response services as described in another section; screening, assessment and coordinated treatment planning with the individual; individual and group therapy; case management and life skills training; medication management; supported employment; residential, respite services, as described in another section, and non-hospital hold services; hospital diversion services and assistance with step-down care from state hospital or community hospital services and coordination of aftercare services, through SE24 envelope of care dollars as well as AMHI funding; habilitative services (1915i); oversight of children's intensive service array; pre-commitment services; PSRB services; ASL and Language Line interpreter services when needed; coordination of care for both outpatient, inpatient and transitional services when individuals are leaving the state hospital; consultation services to the medical community; protective services and abuse investigations; and secure transportation services.

Ongoing outpatient treatment services begin at the point of entry into the KBHW Open Access system. Individuals are encouraged to walk into the clinic at any time throughout the normal business day and they receive an assessment, an individualized and patient-coordinated treatment plan and appointments for various therapy modalities, including case management, medication management or respite services, based on the medically necessary needs of the individual as agreed upon with the individual in the treatment planning process.

KBHW group services have been expanded to include additional DBT sessions, trauma groups for men and groups for women, co-occurring groups based on the Hazeldon model, anxiety management and anger management groups.

The KBHW supported employment program recently obtained a high fidelity score and continues to have a wait list for these sought-after services. Job development, mentoring and case management services assist the individual in a successful job placement. Three case managers are dedicated to the program which began January 1, 2012. KBHW recently entered into a contract with the State Vocational Rehabilitation Department office to provide services and supports to individuals referred from that program as well.

Language line interpreter services can be provided or a bilingual therapist is available to assist Spanish speaking individuals. KBHW can coordinate the use of an ASL interpreter for individuals with hearing impairment.

Residential mental health services are currently provided for up to 9 residents. Groups, individual therapy and medication management are provided to individuals residing at the Phoenix Place Residential Treatment Facility. The program also provides a maximum of 3 non-hospital hold beds and 4-6 respite beds with services described in another section, which may be interchangeable with the hold beds for a total bed count of 16 for the facility.

Adult foster care services are provided by KBHW in the form of recruitment for providers, collaboration with the State for licensing , auditing and inspections as well as KBHW case management services.

Hold services at the KBHW Phoenix Place RTF are provided to individuals who can benefit from more intensive observation and treatment in a safe environment. Medication management, therapy, case management and care coordination are provided until the individual stabilizes and/or a pre-commitment

investigation is performed. Secure transport is provided when necessary to either transport an individual between the hospital and Phoenix Place or to/from other locations around the State for placement.

Pre-commitment investigations, in conjunction with other service providers, are also frequently delivered at the local hospital and care coordination is provided to assist the individuals with further treatment and/or transfer to either Phoenix Place or to a secure facility.

Inpatient services are contracted through, and authorized by, the MHO, Jefferson Behavioral Health, who holds the regional inpatient funding for those services. A portion of these funds are provided to KBHW for wrap around care, transitional planning and aftercare services when the person is ready to move back into the community.

KBHW, in partnership with Lutheran Community Services Northwest, is in the initial planning stages for a mental health court with the court system, DAs office, Community Corrections department, and other local providers. In addition, KBHW has provided case management services and currently provides care coordination to the drug court system and is more actively collaborating with community providers to provide mental health services. KBHW is the grant administrator for the locally funded drug court through Criminal Justice Commission grants.

Planning and collaboration of jail diversion with Jail personnel is in process in addition to the assessment services provided at that location for individuals at risk. The jail shares their daily roster of incarcerated individuals which is staffed daily at the KBHW clinical meeting.

KBHW continues to provide community based services at the local hospital and jail for evaluation/treatment needs.

Transportation services are provided through a Basin Transit Service grant which, in part, assists with taxi vouchers or bus tokens should the individual need transportation to/from appointments.

Children's outpatient treatment services are provided by Klamath Youth Development Center through screening and assessment; individualized treatment planning with the child and family; individual, family and group therapy sessions; case management; psychiatric evaluation; Child and Family Teams and medication management services. All services are available in Spanish to monolingual families. Group therapies include Dialectical Behavioral Therapy, Non-Offending Parenting, Skills Groups for children and parenting skills. The ISRS program also supports parents with 24 hour on-call crisis support, in-home supports, counseling, training and skills development, and support groups. KYDC provides ICTS services to children whose behavioral health needs exceed the capacity of the outpatient counseling level of care. KYDC has provides children and families with psychiatric assessments and on-going medication management. KYDC continues to provide Psychiatric Day Treatment Services children between the ages of 6-18.

Lutheran Community Services Northwest (LCSNW) is a local dual diagnosis provider which contracts for outpatient adult and child mental health services through screening and assessment; treatment planning as directed by the individual's goals; individual, group and family counseling; Level I and II adult and child alcohol and drug assessment, treatment and case management; DUII treatment services; substance abuse prevention and intervention services; dual diagnosis treatment services and life skills and aftercare services for drug court participants. LCSNW provides outreach services to Hispanic minorities and to rural communities through the Beer & Wine Tax funding. Additionally, LCSNW offers parenting skills classes and anger management treatment. They also provide training and supports for Treatment Foster Care providers. LCS offers Hispanic speaking staff with services for individuals receiving mental health and A&D treatment. LCSNW is also in a partnership with Child Welfare to facilitate a treatment group for pregnant women with A&D issues and is the ITRS provider in Klamath County. KBHW mandates that pregnant women, IV drug users, OHA referrals, and individuals referred by drug court have priority status in the outpatient contract.

LCSNW is the provider of services for drug court through a portion of these IGA funds in addition to the state Criminal Justice Commission grant and was awarded a federally funded grant for two years which supports additional infrastructure as well as mental health services at their clinic.

BestCare Treatment Services provides alcohol and drug assessment, outpatient, intensive outpatient, case management and residential treatment services for Klamath basin residents using motivational techniques that best fit the individual's desired outcomes for success. BestCare has extensively used the NIATx model processes to keep retention rates in outpatient treatment between 80-100%. BestCare also provides a local DUII diversion program, individual and group counseling. BestCare's services are dual-diagnosis capable and they provide psychiatric consulting through telemedicine, using Dr. Lulu Tsai, in Redmond. This program offers an outpatient, co-occurring addiction and pain management program using the Addiction Free Pain Management model. In addition, BestCare uses Recovery Mentors who are peer employees/counselors trained to provide a continuum of care in the community to engage individuals in residential services as well as keeping them engaged in outpatient treatment. Recovery Mentors also assist individuals in accessing social services, housing, employment, social activities, and how to use, and be part of, the recovering community.

The KBHW contract with BestCare requires prioritization of drug court participant referrals, pregnant women, IV drug users, OHA referrals, Medicaid eligible individuals, and individuals referred by drug court.

BestCare contracts directly with the State to provide evidence based gambling services in Klamath County which includes outreach to Community Corrections, Child Welfare and collaboration with mental health service providers to address suicidality.

- **Crisis and respite services**

KBHW therapists and other supports are available 24 hours a day to meet the needs of individuals experiencing a behavioral health crisis. Individuals are encouraged to walk into the clinic during normal business hours and they will receive a screening, assessment, if appropriate, and asked to participate in treatment planning before they leave the facility. The crisis therapist responds to the jail and emergency department throughout the day, as well as providing onsite screening and assessment at the jail or hospital.

Between the hours of 5:00 pm and 8:00 am, individuals can call KBHW and receive assistance through the after-hours QMHP telephone response team of ProtoCall. Should the individual require immediate face-to-face services, they may be referred to the hospital and met by the on-call therapist. ProtoCall screens calls to determine need and provides immediate assistance to de-escalate and/or will provide a referral to KBHW for additional services. These calls are reviewed by the clinical team at 8:00 am the following morning and staffed for further action or follow up, if needed. KBHW attends bi-monthly hospital meetings, which includes other local providers and stakeholders, to insure lowest possible utilization of those resources.

The KBHW Phoenix Place Residential Treatment Facility includes short-term stay, crisis respite services for 4-6 individuals. Referrals are received from therapists in-house, the hospital or from other community partners. A Family Nurse Practitioner is contracted to provide immediate physical health clearance to the facility or individuals will receive this clearance while at the local hospital emergency department.

Klamath Youth Development Center provides 24 hour crisis services to children and adolescents. Individuals are encouraged to come into the clinic during normal business hours or they can call KYDC and receive assistance through the after-hours QMHP telephone response team of ProtoCall. Should the individual require immediate face-to-face services, they may be referred to the hospital and met by the on-call therapist. ProtoCall screens calls to determine need and provides immediate assistance to de-escalate and/or will provide a referral

to KYDC for additional services. These calls are reviewed by the clinical team and staffed for further action or follow up, if needed. Families engaged in the In-Home Safety Reunification Service (ISRS) program also have staff available to them 24 hours a day. This coverage is supplied by the ISRS staff members. KYDC provides respite services for children engaged in the Intensive Service Array level of care. Respite is provided in both an individual and group environments, depending on the child's needs and family preferences.

LCSNW offers facilitation of respite services to Treatment Foster Care providers by recruiting other child welfare respite providers and other foster families.

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

In addition to the services described in previous sections, KBHW has extensive experience in provision of services to individuals who are severely and persistently mentally ill, based on the coordinated treatment plan of services identified and approved by the individual.

KBHW provides extensive coordination of care, discharge planning and aftercare planning with the State hospital, community hospitals and other residential treatment facilities. Coordination and planning begins at the assessment and hold process or as soon as KBHW is notified of an inpatient stay. The individual's care and stabilization process is monitored and services are coordinated, or provided to the individual should they be in our area, until such time as the individual no longer requires services or elects to move out of our catchment area. This same staff also tracks State hospital stays for co-management expenditures.

KBHW offers a sliding scale fee to individuals who qualify for up to 230% of the federal poverty level.

KBHW has several staff in the adult outpatient and residential programs who are bilingual/bicultural who

intuitively understand the preferences of the Hispanic population served in our area. KBHW also provides cultural competency training on an annual basis with the goal of responsiveness and respectfulness to the diversity in values of different cultural groups.

KBHW staff assists individuals with comprehension of forms, reading to individuals who cannot read/write, provision of ASL interpreters when needed or use of the TTY machine to assist with telephone calls. Braille, other language, and large print forms can be made available to individuals. Currently, the most widely used second language in Klamath County is Spanish and many of our forms have been translated. KBHW also uses the Language Line for translation services if needed.

Klamath Youth Development Center employs staff who are bilingual/bicultural, both for Hispanic and Native American clients. KYDC staff are trained regularly in the various dimensions of cultural competency, awareness and sensitivity. Staff are also trained in working with the culture of poverty, rural populations and teen parents.

Lutheran Community Services Northwest, a subcontractor for outpatient substance abuse and mental health treatment services, has Native American and Hispanic staff who provide responsive and effective care to both populations. In addition, the rural communities in Klamath County are considered a specialty population and individuals living in the outlying areas such as Gilchrist, Chiloquin, Lost River, Bonanza, etc. receive services at those locations. Priority is given in the alcohol and drug outpatient program to individuals referred by OHA, the local drug court, IV users and pregnant women.

BestCare Treatment Services, a subcontractor of A&D services in Klamath County, provides A&D outpatient and intensive outpatient services including assessment, treatment planning directed by the individual that will meet their personal goals, counseling services, case management, and continuing/coordinated care services in addition to residential care. Priority is given to individuals referred by the drug court or OHA, individuals who are

IV users and pregnant women.

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

Ongoing outpatient treatment services begin at the point of entry into the Open Access system at KBHW. Individuals are encouraged to walk into the clinic at any time throughout the normal business day and they receive an assessment, a distinctive treatment plan as directed and agreed upon with the individual based on a menu of options applicable to meet the medically necessary needs of the individual and the assessment, and appointments for various therapy modalities. An on-site therapist at the Phoenix Place RTF works with residents to review the individual's goals and assists them with treatment options to meet those targets. Currently, KBHW supports the local Oasis Club, a peer-run support organization, through funding from Jefferson Behavioral Health, as well as some additional support services as needed. In the past, KBHW provided a case manager to assist the group with administrative functions and social planning; however, that group has grown to be an independent organization and members of this group now participate in the local Mental Health Advisory Board to provide information to community partners regarding their organization.

KBHW facilitates access for the children's Integrated Service Array. Upon assessment at Klamath Youth Development Center, if a therapist makes the determination that a child meets the medically necessary criteria for this array of care, a referral is made to KBHW with the Level of Service intensity Evaluation for intensive Services Array (LOSI) packet which includes the mental health assessment, treatment plan, consent for ISA screening and services, and CASII, for review.

Once KBHW screens the documentation and confirms the need for ISA services, staff then will coordinate and facilitate a child and family team meeting. The meeting can consist of various treatment partners who collaborate with the family to discuss their personal treatment goals to devise a treatment plan that will assist the family in meeting their intended outcomes. This meeting is focused on the child's strengths, needs, history,

presenting problems, diagnosis and includes historically successful treatments as well as those that were not. The type of services could include ICTS; skills building; case management; medication management; respite; group, individual and family therapy; day treatment; residential services; and Treatment Foster Care in conjunction with the frequency, duration and intensity of the appropriate service array. The team also discusses barriers to treatment and how those barriers can be resolved. KBHW staff meet with the family no less than once per month to insure that the treatment plan not only remains appropriate to the level of need, but also to insure that access to services and attendance are maintained. KBHW also coordinates with providers and families for the transition of care between the different modalities of the ISA as needs change and assists with the transition to a lower level of care as the child and family progress toward realizing their goals.

LCSNW works closely with individuals in the assessment and treatment planning process to assure that the plan most closely reflects treatment that meets their personal goals. In addition to the inclusion of the individual's participation in the ISSP process, LCS partners with Above All Influences, a local temporary housing/homeless shelter and recovery support program, which connects peers through social networking and sober events.

In addition to the individualized treatment planning process, BestCare carefully tracks the engagement and retention of individuals in their programs to assist them in meeting their personal goals. Recovery Mentors stay closely connected with individuals to support them with telephone calls, texting, or home visits. If the individual does not show for their scheduled appointment, the staff follow up with the individual. The outpatient team operates in a customer service culture and meets individuals in the community. Incentives are employed to encourage participation and increase motivation.

The BestCare Recovery Mentor team are peer employees/counselors trained to provide a continuum of care in the community to connect individuals to residential services as well as keeping them engaged in outpatient treatment. Recovery Mentors also assist individuals to access to social services, housing, employment,

social activities, and how to use, and be part of, the recovering community.

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 sub-contractors in the delivery of addictions and mental health services.

KBHW participates in the local Multi-Disciplinary Team facilitated by the District Attorney's office and includes staff from the court system, Community Corrections, DA's office, law enforcement, the local Tribe, the Cares Unit (local child advocacy center), the local Department of Human Services office, Klamath Crisis Center, hospital, and others to collect information and collaborate regarding local child abuse cases and child fatality reviews.

In the past KBHW has facilitated community planning for mental health and addictions treatment and prevention services. It is the intent of KBHW to participate in a community-wide planning process for the

community needs assessment which will determine the integrated needs and priorities for our area.

Currently, Klamath County Behavioral Health and Wellness provides oversight to the children's Intensive Service Array and directly provides adult outpatient services including screening, assessment, treatment planning, individual and group therapy, case management and life skills training, medication management, supported employment, crisis, respite, residential, foster care, supported housing, PSRB, pre-commitment and non-hospital hold services; transition of children from services at Klamath Youth Development Center to KBHW adult services programs; hospital diversion; act as the point of coordination of care from admission into the non-hospital hold program through the various levels of care and through discharge from the State hospital and stabilization in the community; provision of habilitative services (1915i); pre-commitment services; interpreter services; local coordination of care; consultation to the medical community; protective services and abuse investigations; and secure transport services as the safety net provider for the County. KBHW QI/QA staff perform audits of contracted providers and make recommendations to the State for program certifications.

KBHW staff attend various community meetings: facilitation of the local Mental Health Advisory Board and Local Alcohol and Drug Planning Committee; participation in the bi-monthly hospital meeting with other community partners to coordinate resources in an effort to address high utilization of the emergency department; participation in the Local Public Safety Coordinating Council and facilitation of the Mental Health Court subcommittee.

KBHW, in partnership with Lutheran Community Services Northwest, is in the initial planning stages for a mental health court with the court system, DAs office, Community Corrections department, and other local providers. In addition, KBHW has provided case management and currently provides care coordination for the drug court system and is more actively collaborating with community providers to provide mental health services. KBHW is the grant administrator for the locally funded drug court through Criminal Justice Commission grants.

Planning and collaboration with Jail personnel for jail diversion services/plans is in process in addition to the assessment services provided at that location for individuals at risk.

KBHW continues to provide community based services at the local hospital and jail for evaluation/treatment needs.

Transportation services are provided through a Basin Transit Service grant which, in part, assists with taxi vouchers or bus tokens should the individual need transportation to/from appointments.

Children's outpatient mental health and crisis services are contracted to Klamath Youth Development Center.

KBHW currently subcontracts with Lutheran Community Services Northwest for child/adult mental health services and alcohol and drug outpatient treatment/prevention services as well as ITRS services. A staff member of LCSNW is the prevention coordinator for Klamath County.

BestCare Treatment Services subcontracts for outpatient alcohol and drug services as well as A&D residential services. BestCare also contracts with the State for gambling services.

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.

Currently Klamath County and the Klamath County Behavioral Health and Wellness Department are working toward an agreement with Cascade Comprehensive Care dba Cascade Health Alliance. This relationship has not yet reached a point in which coordination of care and the community needs assessment have been discussed. An MOU and contract have not been finalized. It is the intent of Klamath County and KBHW to fully collaborate with the CCO and other local providers of physical health, mental health, and addictions services as well as participate in the community needs assessment.

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.

Klamath County Mental Health Advisory Committee Members:

Greg Chandler, Seniors and People with Disabilities, local office
Dawn Lytle, Spokes Unlimited (a resource center for people with disabilities)
Rebecca McNair, Family advocate, NAMI member
Pam Speaker, Family advocate, NAMI member

Dorothy Walker, Lutheran Community Services Northwest, Community Services Provider
Trish Balkwill, Vocational Rehabilitation Office
Maggie Polson, Cascade Comprehensive Care/Cascade Health Alliance, CCO for Klamath County

Local Alcohol and Drug Planning Committee Members:

Gene Plank, Community Services Provider
Clay Bynum, Recovering Community
Kent Barry, Homeless Community
Cyndi Kallstrom, DHS Child Welfare, local office

The KBHW boards represent a portion of the professional community and consumer interests groups; however, there are plans to institute a broader recruiting effort to engage a wider spectrum to include individual representation from ethnic groups such as the Native American and Hispanic populations as well as representation from family members or advocates for individuals with a developmental disability. In the past we have found that representation from law enforcement to be extremely helpful and will incorporate that in the plan as well.

LCSNW also facilitates a Hispanic advisory board specifically for their agency to assist in the development of programs for that population.

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.

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.

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.

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 Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion		
b) Mental Illness Prevention		

c) Substance Abuse Prevention		
d) Problem Gambling Prevention		
e) Suicide Prevention		
f) Treatment: <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 		
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)		
h) The LMHA's Quality Improvement process and procedure		
i) Service coordination and collaboration with corrections,		

social services, housing, education, employment and other community service agencies		
j) Behavioral health equity in service delivery		
k) Meaningful peer and family involvement in service delivery and system development		
l) Trauma-informed service delivery		
m) Stigma reduction		
n) Peer-delivered services, drop-in centers and paid peer support		
o) Crisis and Respite Services		

Part II: Performance Measures

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

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served	KBHW: 7/16/12 to 12/31/12 = 268 LCS: 7/1/12 – 12/31/12 Adult MH non-OHP = 126 Child / Adolescent MH non-OHP = 27 Adult A&D non-OHP = 172 Child / Adolescent A&D non-OHP = 109 KYDC: Did not provide information. While many factors may affect the outcome, it is reasonable to expect the number of	

	<p>individuals in Klamath County to be served by CFAA funding is 800 to 1000, per year.</p>	
<p>b) Initiation of treatment services – Timely follow up after assessments</p>	<p>KBHW initial services are available immediately during normal business hours. Since tracking began, (100%) 222 of 222 persons received initial service within 14 days of index. 46 individuals had indexes prior to current tracking.</p> <p>LCS: Services for MH or A&D are available immediately after assessment.</p> <p>KYDC: Did not provide information.</p>	
<p>c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation</p>	<p>KBHW provides initial crisis and evaluation services to persons who may not be appropriate for further services, or who may be better served by a partner agency. In either case, these individuals are included in the following statistics, and skew the information to a lower rate of engagement. Since tracking began, (43%) 96 of 222 individuals received 2 or more services within 30 days of index.</p> <p>LCS: Services are offered at least once per month after assessment.</p> <p>KYDC: Did not provide information.</p>	
	<p>KBHW: Currently tracked per <10 day</p>	

<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>requirement. 7/1/12 to 12/31/12 1-(75%) 3 of 4 2-(67%) 2 of 3</p> <p>LCS: NA</p> <p>KYDC: Did not provide information.</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>KBHW: 2012 1-30 day=0%, 180 day=0% 2-30 day=0%, 180 day=16.7%</p> <p>LCS: NA</p> <p>KYDC: Did not provide information.</p>	
<p>f) Percent of participants in ITRS reunited with child in DHS custody</p>	<p>KBHW: NA</p> <p>LCS: 57 participants have been served through ITRS at LCS. We do not have information from DHS Child Welfare regarding their reunification status at this time.</p> <p>KYDC: Did not provide information.</p>	
<p>a) Percent of individuals who report the same or better housing status than 1 year</p>	<p>KBHW and LCS have not tracked this information.</p> <p>KYDC: Did not provide information.</p>	

ago.		
b) Percent of individuals who report the same or better employment status than 1 year ago.	KBHW and LCS have not tracked this information. KYDC: Did not provide information.	
c) Percent of individuals who report the same or better school performance status than 1 year ago.	KBHW and LCS have not tracked this information. KYDC: Did not provide information.	
d) Percent of individuals who report decrease in criminal justice involvement.	KBHW and LCS have not tracked this information. KYDC: Did not provide information.	
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.	KBWH: Target=2.63, Actual=2.13 LCS: NA KYDC: Did not provide information.	
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	KBHW: Target=42, (33%) 1 of 3 exceeded LOS LCS: NA KYDC: Did not provide information.	

<p>g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.</p>	<p>Prevention goals, as tracked by LCS' Prevention Coordinator, show Klamath County on target to meet and/or exceed 100% of approved prevention goals and objectives:</p> <p>1P Prevention - Classroom Presentations for Too Good For Drugs = on target to meet 95% of goal.</p> <p>2P - Prevention / Intervention - Pullout Groups = on target to meet over 200% of goal.</p> <p>3P Community Mobilization Strategies, including Prevention Coordination, School Satisfaction Rates, Prevention Summits, and Increased Knowledge of Participants = on target to meet or exceed goals.</p>	<p>1. Targeted 500 youth in all Klamath County elementary schools for the biennium. 2. Minimum of 118 youth, in grades 7th through 12th for LRP and NOT for the biennium. 3. SS/HS: 400 students per year in 7th, 8th, 9th and 11th grade health classes in 4 local schools.</p> <p>Prevention Summit: Of the targeted 50 community partners and youth participating in the Prevention Summit:</p> <ul style="list-style-type: none"> • 65% of participants will increase knowledge on what services to youth are available • 65% of participants will increase their knowledge of youth concerns. <p>Outcome Measurement Tool: Post Summit Survey collected from participants of community Prevention Summit.</p>
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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:

KBHW will continue the performance measures provided; however, based upon the outcome of the CCO will be dependent on if these measures are modified or changed.

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:

Klamath County is still in the negotiation process for a Memorandum of Understanding as well as a contract for services with the Cascade Health Alliance (CHA). Many of the discussions have focused on the safety net and how those can be viably supported beyond the State funding. We continue to work with CHA on those details and have had many meetings and discussions as to how this collaborative process will work in Klamath County. It is our intent to provide services that will insure a continuum of care for our community and to be a part of the integration process; however, until we know more about local expectations for mental health treatment and where those resources are needed most from the perspective of the entire community, planning at this stage becomes a challenge. We hope that these programs can continue over the next two years. In order to sustain the infrastructure of the safety net, we have discussed the possibility of building programs within our own agency and transitioning all safety net services back in-house. This is not the preferable option, but one under consideration which would need to be accomplished in an expedient manner and for this reason we anticipate that this plan may need revision at a later date.

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.	\$0// Klamath County has never provided general funds for MH/A&D programs.		
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$0//Klamath County currently does not provide gambling prevention and treatment services.		
c) Use of funds allocated for alcohol and other drug use prevention.	\$202,089.48//Currently, prevention funding is subcontracted to Lutheran Community Services Northwest. The funding is used for the Project Changes prevention/intervention program and the remainder of the prevention funding is used to support the annual Prevention		

	Summit. This amount is provisional, dependent upon the community needs assessment.		
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Additional Information (Optional)
a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development? None are known at this time.
*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.

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Klamath Child and Family Treatment Center dba Klamath Basin Behavioral Health

Program: Supported Housing Rental Assistance Program

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel		\$90,236.00
Travel		NA
Equipment		NA
Supplies		NA
Consultants/Contracts		NA
Other Costs: (please list) Direct Rental Assistance Administrative Fee		\$105,000.00 \$33,678.00
Totals		\$228,914.00
Overall Project Cost		\$228,914.00
Revenue Identify expected revenues;		\$228,914.00
Number of individuals Intended to be Served		30

Budget Narrative:

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

Project will identify individuals who are in need of housing and who have been assessed to receive services through the program. Klamath Child and Family Treatment Center acting through Klamath Basin Behavioral Health (KBBH) will make referrals to the Klamath Housing Authority who will locate appropriate housing that meets the criteria of the Rental Assistance Program and work with the residential specialist and the peer support specialist to prepare consumers to live in a less restrictive residential environment. The residential specialist will provide in-home and community-based case management, skills training, independent living skills and other community supports aimed at preventing consumers from re-entering higher level licensed residential or hospital settings. The peer support will mentor, monitor and support the consumers, serving as role models and that recovery is possible. There are no unusual expenditures in the program budget.

- Please provide an implementation timeline for this program.

July – August 2014 – KBBH began meeting with Klamath Housing Authority director Diana Otero to define roles for both KHA and KBBH within the structure of this program. These meetings will be ongoing in order to ensure that both agencies are meeting the goals of the grant and working with the limitations of this project.

August 1, 2014 – KBBH hired resident specialist Cynthia Trausch. During her first week of employment Cynthia has created an application, referral form, and other necessary documentation to begin receiving referrals for this program.

August 11, 2014 – Cynthia will begin receiving referrals and determining eligibility for clients to be served under this grant.

August – September 2014 – Cynthia will continue to build relationships with community landlords to assist with housing this specialty population.

August – September 2014 – KBBH will continue to recruit and make an effort to hire a peer support specialist to be utilized in this program to assist with the success of client placements in the community.

September 1, 2014 – KBBH will determine eligibility and be actively working on placing a minimum of one client in the community.

Once a client is placed in the community the resident specialist will begin working individually with him/her on skills training to assist with maintaining housing in the community. As clients become more adept at maintaining housing independently these services will be tapered, allowing the client to be independent. Clients who decline these services will continue to receive the assistance allowed under this program.

October 2014 – December 2014 – KBBH will continue to work on placement of individuals. The projected goal for this period of time is to have 5 to 7 clients placed in long-term, community based housing by the end of calendar year 2014.

January 2015 – August 31, 2015 – KBBH will continue to place individuals, with the goal of serving 15 individuals in the community. KBBH will provide individual skills training and assistance to clients who choose to access these services. These services will not be a condition of the assistance.