

Linn County Biennial Implementation Plan 2013-2015 for Mental Health, Alcohol & Drug and Problem Gambling Services

I. SYSTEM OVERVIEW

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

Mental Health Promotion

The Linn County Mental Health Advisory Board and IHN CCO are going to work towards an initiative around mental health wellness promotion. This will include events on MH awareness month in the spring and mental illness awareness week in the fall. We are working with IHN CCO as part of their health transformation to develop a web page for MH promotion.

Mental Illness, Substance Abuse and Problem Gambling Prevention

Mental Illness Prevention is coordinated through the Mid-Valley Behavioral Care Network (MVBCN) and its Prevention Committee. Currently, MVBCN contracts with Linn Benton Community College to provide the evidence-based *Incredible Years* parenting class to at-risk OHP parents, and with the Linn County Prevention Program to provide the evidence-based *Guiding Good Choices* parenting class to at-risk OHP parents in English, and to the general OHP parent population in Spanish.

Substance Abuse and Problem Gambling Prevention services are coordinated by the Linn County Alcohol, Other Drug, & Problem Gambling Prevention Program, and are designed to respond to risk factors and current conditions in Linn County. Prevention staff utilize research-based practices known to be effective, and are often targeted at youth prior to initial drug use or gambling, and to parents. Current strategies include:

- Community Mobilization – Prevention staff provide technical assistance and support for the Linn Together Community Coalition, a group of local volunteers working to prevent substance abuse.
- Community Education – Prevention staff provide annual training, quarterly fact sheets about local statistics or trends, and education and awareness through a countywide media campaign.
- Parent Education – Linn County Prevention staff provide workshops in English and Spanish for parents of 9-14 year olds, using the *Guiding Good Choices* curriculum. For at-risk non-OHP parents with younger children age 2-10, Linn County Alcohol & Drug contracts with LBCC to provide the *Incredible Years*.
- School-Based Prevention Strategies - *Botvin's LifeSkills Training* prevention curriculum is provided for 4th and 6th students throughout Linn County.

- Environmental Strategies – *Reward and Reminder* alcohol compliance checks and *Responsible Alcohol Sales Training (RAST)* employee/merchant education
- Students Taking Action Not Drinking (STAND) – Prevention staff provide technical assistance and support for the Linn County youth council to reduce underage drinking in Linn County
- Problem Gambling Prevention – Problem gambling prevention is integrated into all of the prevention strategies listed above. Prevention staff developed specific problem gambling modules and integrated them into existing school-based strategies such as *LifeSkills* as well as pre-existing environmental strategies such as *Reward & Reminder* and *RAST*. Staff collaborate with Linn Together to disseminate problem gambling prevention and awareness materials through the Linn Together media campaign, newsletters, fact sheets and listserv. Parent education is provided through a contract with LBCC using the *Incredible Years* curriculum.
- Girls Circle/Boys Council – Structured support groups for targeted middle and/or high school girls and boys using the *Girls Circle* or *Boys Council* curriculum.

Early Intervention

EASA is the early intervention and recovery project that targets teens and young adults who are experiencing the initial symptoms of psychosis. With early detection, the use of low-dose antipsychotic medications, and counseling and support for the entire family, the latest research shows many teens and young adults can avoid becoming overcome by schizophrenia, schizoaffective disorder, or bipolar disorders.

Linn County Alcohol & Drug Program (LCAD) staff provide substance abuse outreach and early intervention services in community agencies (Community Services Consortium, DHS Self-Sufficiency and Child Welfare), at interagency staffings (Youth Services Teams, Adult Services Teams), and in local middle and high schools (assisted by a Safe Schools Healthy Students grant). (Early intervention with problem gambling and other mental health disorders is incorporated in all substance abuse assessments.) Existing outreach and intervention services to hospitalized patients at the request of a physician will be expanded through Health Transformation pilot projects (described below). HIV outreach to the homeless, in collaboration with Benton County Public Health, has been curtailed this year due to an end to grant funding, but is a high priority to resume in the future. LCAD partners closely with CHANCE, a local peer-run drop-in and recovery services center, to support their outreach efforts. Intervention activities are designed to intervene early or more effectively with those who show signs of substance abuse or dependence, and with children at risk of a mental or emotional disorder, including addiction. Funding is primarily through grants, and SE 60 & 66.

Treatment and Recovery

Linn County Mental Health Services (LCMHS) is organized around four clinical teams. The Crisis Service team provides 24-hour, seven-days-a-week crisis service. The Community Support Services team provides recovery services to adults with severe and persistent mental illness. The CSS team is divided into Early Recovery, with services that teach clients how to manage and recover from mental illness and Support Services, with services that support independent living. The Adult Outpatient team provides brief mental health counseling to adults with anxiety, depression and post-traumatic stress disorders. The Child Outpatient team provides two levels of care. They provide brief mental health

counseling to children and adolescents with behavioral, anxiety, depression and post-traumatic stress disorders. In addition, they provide intensive outpatient and community support services to children who are at risk of out of home placements through the New Solutions project. New Solutions also provides wrap around interventions to children whose level of functioning requires a psychiatric residential level of care. SEE BELOW FOR TEAM SPECIFICS REGARDING TREATMENT AND RECOVERY.

Linn County Alcohol & Drug Program (LCAD) has two clinical teams. The Youth & Family Team provides ASAM Level 1 and Level 2.1 youth substance abuse treatment, as well as early intervention in schools (described above). The Adult Treatment Team provides ASAM Level 1 and Level 2.1 treatment to adults, including the following special populations: intravenous drug users, pregnant women and women with dependent children, addicted parents, individuals with co-occurring substance and mental disorders, individuals with HIV (or at risk of HIV), and individuals with tuberculosis. SEE BELOW FOR TEAM SPECIFICS REGARDING TREATMENT AND RECOVERY.

Crisis and respite services

Linn County Mental Health Services operates a 24-hour, seven-days-a-week crisis service for Linn County. The Crisis Team provides telephone triage, initial intake assessment, crisis intervention, pre-commitment investigation, and hospital liaison services. During the workday, three Qualified Mental Health Professionals (QMHP) provide crisis services. The Crisis Team screens emergent and urgent calls to LCMHS and they provide initial intake assessments to walk-in emergency patients. The Crisis Team also provides off-site emergency evaluations and crisis intervention at local hospital emergency rooms, the Linn County Jail, and the Linn County Juvenile Detention Facility. The Crisis Team screens all emergency psychiatric hospitalization holds and they provide diversion services.

A team of rotating QMHP's provides after-hours crisis service. This team is made up of employees from LCMHS. After-hour crisis calls are initially screened by Northwest Human Services, who operates a crisis line. The Northwest Human Services provides the initial intervention to emergent and urgent callers. The LCMHS's after-hours Crisis Team worker is also available, by pager, to provided consultation, face-to-face assessment and crisis intervention. The LCMHS's after-hours Crisis Team worker provides off-site emergency evaluations and hospital diversion services, utilizing the same protocol as the daytime Crisis Team.

Services available to required populations and specialty populations

All of the following Required and Specialty populations receive services outlined in the Overview narrative above, and detailed in the Activities section below. Additional services not noted in those sections are noted immediately below:

Required:

- 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: *LCMH and LCAD coordinate with Linn County Public Health for services.*
- Persons with or at risk for HIV/AIDS and who are in addiction treatment: *LCAD contracts with Benton County Health Department for HIV/Hep C education to all adult clients, with free testing on-site.*

Specialty:

- 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.

Activities that support individuals in directing their treatment services and supports (by treatment team)

Community Support Services: This team works with adults who have severe and persistent mental illness with the treatment goal of illness management, recovery and self-sufficiency.

- A. Early Recovery – provides services that teach clients how to live with their mental illness and to have lives that are meaningful and productive.
 1. Illness Management and Recovery: Very confused psychotic thinking is a manageable illness similar to high blood pressure. The stress vulnerability model explains how stress and biological vulnerability play a role in causing symptoms. Cognitive behavioral approaches help the consumer understand the impact of the meaning an individual attributes to their symptoms. The consumer begins to understand the stressful triggers that move them towards relapse. They develop relapse prevention skills to manage their distress. In addition, they develop a wellness plan that is a blueprint for a healthy lifestyle that allows them to manage their illness.

For example, a lifestyle filled with restful sleep, good eating, meaningful work, rejuvenating play, social activities, adequate friends and social support, limited use of alcohol or recreational drugs, and stable medication management. The goal of illness management and recovery is to shorten the time of a relapse and to extend the time between relapses.

2. Integrated co-occurring substance abuse treatment: Using Motivational Interviewed techniques consumers with a history of substance abuse and dependency are encouraged to explore the pros and cons of continuing to their use alcohol and recreational drugs. They explore how these substances may exacerbate their already very confused psychotic thinking. Individuals work towards abstinence is integrated into their illness management Crisis, Relapse Prevention and Wellness planning.
 3. Family Psycho-education: The Family Psycho-education model emphasizes basic communication and problem-solving skills to accommodate the needs of individuals with very confused psychotic thinking. Multiple families are brought together to receive education and support around the causes and treatments for this disorder. Participants often find relief to discuss openly or problem solve with others “who have been there” the stresses they experience such as difficulties in accessing treatment, legal concerns or the lack of medical coverage. Families are encouraged to identify their strengths and to help each another to get back on track.
 4. Assertive Community Treatment: This practice targets individuals who are at risk of harm to themselves or others because of their very confused psychotic thinking. These individuals may have difficulty meeting their basic needs. This team carries a small caseload, which allows them to provide flexible, non-clinic based individualized services. The team develops a “Crisis Plan” that describes the consumer’s expectations on how to be treated during a relapse. In addition, the team develops an individualized support plan including such things as daily medication delivery and case management.
- B. Support Services – the goal of this team is to encourage and support consumers to work or engage in meaningful activities that allow the consumer to live independently in the community.
1. Supportive Housing: This intervention expands Assertive Community Treatment to help adults live independently in the community. It provides supports such as medication monitoring and case management.
 2. Supportive Employment: Supportive Employment is based on the principle that most people, including those with very confused psychotic thinking, want to work. Work is an essential part of an individual’s wellness lifestyle. Every consumer receiving Community Support Services is asked if they would like to work. Based on consumer choice, our vocational specialist provides vocational assessments, job search and job coaching. Competitive employment is the goal.
 3. Medication Management Training: Most of the consumers receiving Community Support Services are able to manage their disorder and fulfill their wellness plans. This practice teaches consumers how to work well with their prescriber. They are encouraged to ask

questions about their medications and to be aware to the possible side effects of their medication. They are coached to find easy ways to organize how they take their medication. In addition, our clinic maintains the capacity to allow easy access to prescribing services.

Adult Outpatient Services: This team works with adults presenting with problems of depression, anxiety and trauma. Services are prioritized based on their level of functioning and insurance authorization. Uninsured individuals who are at imminent risk of harm to self or others are treated using state resources. Those with a higher levels of functioning, but no resources are assisted in the development of an individualized Wellness Recovery Action Plan. Clients with Medicaid receive a full range of outpatient services. The Adult Outpatient team is organized around the following practices:

- A. Wellness Recovery Action Plans: This is a group intervention based on the work of Mary Ellen Copeland. A facilitator leads the group through workbook exercises designed to help the consumer to monitor symptoms and to respond to them in a way that reduces or eliminates the possibility of relapse. The consumer is helped to identify those things that they can do every day to maintain an optimum level of wellness. They work to recognize the daily events that can cause their symptoms to increase and they learn to identify the early warning signs that problems might be recurring and a personal plan to get the back on track.
- B. Solution Focused Brief Therapy: This is an evidenced-based practice that mobilizes an individual's internal and external strengths to quickly get them back on track.
- C. Cognitive Behavioral Therapy for Anxiety and/or Depression: This is an evidence based practice that looks at the way our thoughts and beliefs may be linked to our moods, behavior, physical experiences and to the events in our lives. The way we interpret the thoughts we have about our experiences can have a powerful effect on our emotions of fear and sadness.
- D. Dialectical Behavioral Therapy: This is evidenced based practice is offered to consumers with a history of severe trauma who exhibit a persistent pattern of self-injuring and life-threatening behaviors. Consumers learn to manage how they respond to stressors to compensate for their traumatic history. Consumers are offered a series of skill building groups to help them learn to tolerate distress/reality acceptance skills, regulate their extreme emotion, and to increase their problem solving effectiveness.
- E. Seeking Safety: This is an integrated cognitive behavior therapy to treat adults with co-occurring Post-traumatic Stress Disorder (PTSD) and Substance Abuse. Research reports that PTSD and substance abuse have consistently been found to co-occur, regardless of the nature of the trauma or the type of substance used. This is a structured practice that consists of 25 topics that are evenly divided among cognitive, behavioral, and interpersonal domains, with each addressing a safe coping skill relevant to both disorders.
- F. Senior Outreach: A specially trained clinician provides assessment, consultation and outreach to seniors in nursing homes and the community.

Child Outpatient Services: This team works with youth under the age of 18 who present with problems of behavior, anxiety, depression, trauma, and very confused psychotic thinking. Similar to the adult outpatient team, services are prioritized based on the child's level of functioning and insurance authorization. Uninsured individuals, who are at imminent risk of harm to self or others or at risk for developing a severe and persistent mental illness, are treated using state resources. Youth who are covered by Medicaid receive a fully range out out-patient intervention. The team is organized around the following evidenced-based practices:

- A. Brief Solution Focused Therapy: Solution Focused Therapy is an evidenced based practice that mobilizes an individual's internal and external strength to quickly get an individual back on track.
- B. Strategic/ Structural Family Therapy: Family therapy is an effective way to engage with youth and their families. Treatment focuses upon issues of maintaining appropriate parental hierarchy; moderating the family structure to either increase order or decrease emotional enmeshment; and decreasing out of control feedback loops.
- C. Trauma Focused Cognitive Behavior Therapy – This is an evidenced based practice designed to provide education and effective treatment to children who have experienced significant trauma. It helps children and caregivers to identify and cope with a range of emotions. It teaches stress management skills. Children are taught how to recognize the connections between thoughts, feelings and behaviors. This intervention helps children to talk about their traumatic experiences. It also helps caregivers to develop skills for optimizing their children's emotional and behavioral adjustment.
- D. Cognitive Behavioral Therapy for Anxiety and/or Depression: This is an evidence based practice that looks at the way our thoughts and beliefs may be linked to our moods, behavior, physical experiences and to the events in our lives. The way we interpret the thoughts we have about our experiences can have a powerful effect on our emotions of fear and sadness.
- E. Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for school aged conduct-disordered children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. The PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Parents are taught how to engage their children in a play situation with the goal of strengthening the parent-child relationship; parents also learn to use specific behavior management techniques.
- F. Functional Family Therapy is an empirically based home based intensive family intervention for youth aged 11-18 and their families, including youth with externalizing problem behaviors such as conduct disorders. The model consists of a systematic and multi-phase intervention map that provides a framework for clinical decisions. There are three intervention phases: engagement and motivation; behavioral change; and generalizations are sequentially linked to specific goals for each family interaction. Treatment ranges from, on average, 8 to 12 one-hour sessions up to 30 sessions of direct service for more difficult situations.

- G. Wrap Around: This is called our New Solutions project. This practice is targeted to high need children as an alternative to psychiatric residential care. This is a community-based intervention with a high level of family involvement. Interventions are strength based and they are designed to provide a mix of traditional and non-traditional flexible supportive services.

The Child Outpatient Team works closely with DHS Child Welfare to provide mental health assessments for all the children entering foster care. There is outreach to foster parents to help them understand some of the complex dynamics of living with traumatized children. The team works closely with the foster parents, case workers and children to provide timely intervention in order to foster successful foster placements.

The Child Outpatient Team also works closely with the schools as part of the Safe Schools/ Health Students grant. These grants will allow our entire program to expand services to the underserved parts of our county and to expand New Solutions to service some non-Medicaid covered children.

Youth Substance Abuse Treatment: Outpatient and intensive outpatient treatment for youth is provided for insured and uninsured youth on a sliding fee scale (down to \$6/month). Youth in IOP typically participate in 2-3 groups (a multi-family group, a recovery skills group, and a gender group) and one family or individual session per week. All Youth treatment staff have specific experience and training in youth and family treatment. Assessments, and individual and family therapy for youth are offered through the Albany, Lebanon, and Sweet Home offices, as well as in the schools. Van transportation to groups in Albany is provided to those without other resources, as well as bus passes and gas vouchers. Bus tickets or gas vouchers are also provided to parents needing them to attend family therapy with a youth in residential treatment. Upon assessment, treatment planning includes treatment objectives or appropriate referrals for family support services, recreation and leisure activities, social skills training, academic education services, smoking cessation, self-help groups, emancipation services, and abuse counseling and support. Upon return to the community from residential treatment or a juvenile corrections facility, staff work with the family and school for successful reintegration. Funding is primarily through OHP, private insurance, SE 66, Beer & Wine Tax, county general fund, and client fees. Services to youth include the following evidence-based practices:

- A. ASAM PPC-2R: Youth assessments, initial and continuing level of care, and transfer/discharge level of care utilize ASAM PPC-2R.
- B. Functional Family Therapy: The supervisor of the Youth program has been certified as a clinical supervisor/trainer for the Functional Family Therapy (FFT) model, and provides FFT to selected youth and their families. (FFT was provided to all Juvenile Drug Court families, while the Juvenile Drug Court was operational; and a team of FFT clinicians from LCAD, Mental Health and the Linn-Benton-Lincoln ESD provided FFT to a wide range of families for several years under two subsequent grants).
- C. Motivational Interviewing and Cognitive-Behavioral Therapy: All youth in substance abuse treatment receive interventions consistent with Motivational Interviewing and Cognitive Behavioral Therapy. Group CBT interventions are designed to match the needs of the population served, utilizing elements of the Cannabis Youth Treatment model, Milkman & Wanberg's Criminal Conduct & Substance Abuse Treatment for Adolescents, and the early intervention curriculum Girls' Circle/Boys' Council.
- D. Seeking Safety: The Girls Group devotes a portion of each group to the Seeking Safety curriculum.

Adult Chemical Dependency Treatment: Outpatient and intensive outpatient chemical dependency treatment is provided for both insured and uninsured adults, and is organized within three service areas: the A&D Adult Outpatient Program (AOP), Department of Corrections (DOC) Treatment, and Drug Court Treatment. All program areas utilize a similar treatment framework, while adding elements designed for the needs of the population being served. Some common elements include:

- Assessments, individual and family therapy, and group therapy are offered in both Albany and Lebanon, with assessments and individual/family therapy available in special circumstances in Sweet Home.
- Psychiatric assessment and medication management is available in the Albany clinic one morning a week.
- Up to four two-part groups are offered mornings and evenings in Albany, and evenings in Lebanon—gender group, early recovery skills group (Foundations Group), middle/late recovery skills group (Recovery Skills Group), and a cognitive-behavioral therapy group (CogSkills Group) focused on criminal thinking and behavior—with an additional two-part co-occurring disorders group (Managing Emotions Group) offered one afternoon a week in both Albany and Lebanon. (Additional Drug Court groups are described below.) Each of the four basic groups, at each time and location, typically has a section for AOP clients and one for DOC clients (with Adult Drug Court clients typically attending morning AOP groups, and M57 Drug Court clients attending morning DOC groups). This allows for shared van transportation, shared group check-in, occasional combining of two sections of a specific group if needed to maintain a functional group size, or occasionally if one group leader is absent.
- Individual and/or family treatment sessions are typically scheduled 1-2 times per month, and family members or support persons are encouraged to attend the middle/late recovery skills group with the participant (Recovery Skills Group).
- Treatment typically starts immediately following the assessment. Intensive outpatient clients typically begin treatment with 3-4 two-part groups per week, selected to match their needs, and gradually decrease the number of groups as they progress, with treatment “phases” tied to ASAM criteria. Clients starting in outpatient treatment typically start with 1-2 two-part groups per week, based on needs. Typically, all participants attend their gender group until completion of treatment, and so maintain a strong cadre of peer support.
- Clients attend the specific groups that best meet their needs, groups contain both outpatient and intensive outpatient clients, and all groups are open-ended with a rotating curriculum. Both the number of groups and the length of stay in any group are based on progress and ASAM criteria, so there is no predetermined length of time in any group. Just as clients gradually reduce the number of groups is based on progress, they are able to increase the number of groups for a flexible period of time if they need additional support later in treatment. This allows flexibility for clients to complete treatment rapidly or, for most of our clients with multiple problems, have an extended stay in treatment. Most adults complete treatment within 4-16 months.
- Van transportation to groups is provided from throughout the county for those without other resources, with bus passes and gas vouchers also available.
- Random UAs are typically provided 1-3 times per week in early treatment, declining to 1-2 times per months near treatment completion. All UAs are monitored, and all samples are sent to Quest Laboratories for testing, including GC/MS confirmation. The basic UA panel tests for 10 drugs, including alcohol, and expanded UA panels and oral swabs are available. Breathalyzer readings are taken before each group, and upon request.

- For low income, uninsured clients in need of medical care, the program is able to pay for their co-pay for appointments at the E. Linn Health Clinic or Benton County Health Center (federally-qualified health centers).

Some specifics about each service area:

Adult Outpatient Program (AOP): The Adult Outpatient Program provides treatment for self-referred adults and for those referred from other agencies (with the exception of high-risk offenders referred by Linn County Parole & Probation, and Drug Court participants). With the exception of DHS Child Welfare referrals, who are scheduled directly by a designated Child Welfare caseworker, all adults seeking services receive a phone or walk-in screening prior to scheduling an assessment appointment, to determine urgency and, for uninsured adults, to determine eligibility for the sliding fee scale. The sliding fee scale (down to \$6/month) is available for applicants meeting criteria based on risk, motivation, and referral source (consistent with SAPT Block Grant priorities); for applicants not meeting criteria, options are provided allowing most applicants to qualify. Funding is primarily through OHP, private insurance, SE 66, ITRS, Beer & Wine Tax, county general fund, and client fees.

Corrections (DOC) Treatment Program: Since 2005, a contract with the Oregon Department of Corrections has allowed LCAD to provide evidence-based outpatient and intensive outpatient treatment to high-risk adult offenders, separate from but coordinated with the Adult Outpatient Program. (Low-to-moderate risk offenders are referred to the Adult Outpatient Program, utilizing non-DOC funding.) The assessment process, the treatment structure, and typical groups for outpatient or intensive outpatient clients is the same as described above, but with a heavier focus on criminal thinking and behavior. An additional group is provided exclusively for AIP (Alternatives to Incarceration Program) clients who have received treatment in the institution. All clients entering treatment from prison are scheduled for an assessment by their parole officer to occur immediately upon release, with treatment starting immediately after the assessment. Assessments can be provided in the local jail, with clients entering treatment immediately upon release. The program provides for timely sanctions and incentives for offenders—a weekly Accountability Panel (of POs and clinicians) provides immediate graduated sanctions for non-compliance, and awards gift certificates for phase advancement, full compliance for four weeks, and treatment completion. Funding is primarily through the DOC contract, OHP, private insurance, SE 66, and client fees.

Drug Court: LCAD is the sole treatment provider for the Adult Drug Treatment Court (in operation since 2005) and the Measure 57 Drug Court (in operation since 2010). Both are supported primarily by grants received by LCAD. Drug Court applicants are typically seen for assessment with 1-3 days of referral by the Drug Court Team. Drug Court treatment is typically for about 12 months, starting with two-part group therapy and a Cognitive Restructuring class 4 days a week (combined 4.5 hours per day), and tapering down to a weekly two-part gender group in the final phase of treatment. The therapy groups are also in alignment with the structure of the AOP and DOC groups, and Adult Drug Court clients share several of the AOP groups, while M57 Drug Court clients share several of the DOC groups. Random UAs are provided 2-3 times per week initially, tapering to 1-2 times per month prior to completion. Funding for treatment is primarily through grants, OHP, private insurance, SE 66, county general fund, and client fees.

Services to chemically dependent adults include the following evidence-based practices that are adjusted to match the educational level and needs of participants, such as learning styles and treatment duration:

- A. ASAM PPC-2R: Assessment for initial and continuing level of care utilizes the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC 2R).
- B. Cognitive Behavior Therapy: Outpatient groups incorporate Cognitive Behavioral Coping Skills Therapy (Project Match), a Cognitive Behavior Therapy (CBT) group therapy model that develops skills essential for recovery, including coping with cravings, refusal skills, problem-solving, managing emotions, and effective communication. Skills are developed through in-session practice, and written and behavioral assignments. These components are integrated into a manual-based program that includes other material focused on aspects of addiction and mental health recovery. All DOC and Drug Court clients, and selected AOP clients, participate in an additional cognitive-behavioral component with a focus on criminal thinking and behavior. The Drug Court provides this as a 4x/week class in Phase 1, utilizing the Truthought Corrective Thinking Process (Charting a New Course). Based on research of Yokelson & Samenow, it is an evidence-based curriculum recognized by the Oregon Department of Corrections, and focuses on changing criminal thinking and behavior. DOC clients receive a weekly treatment group utilizing elements of Truthought (above), Moral Reconciliation Therapy, and Thinking for a Change. The Managing Emotions Group (for clients with co-occurring disorders) is a manual-based group utilizing CBT interventions that include elements of Dialectic Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT).
- C. Seeking Safety: Weekly gender-specific groups for women incorporate the treatment approach and materials from Seeking Safety, which addresses PTSD and substance abuse.
- D. Functional Family Therapy: Appropriate adult clients with children may participate in Functional Family Therapy, a structured family intervention model for at-risk families.
- E. Although not intended to be provided with fidelity, clients receive: a) additional psycho-educational material in a group structure consistent with the Matrix Model and with the CSAT Treatment Improvement Protocol for Treatment of Stimulant Disorders, that has been modified for all drug use, the specific needs of the local population, and a longer duration of treatment; and b) a voucher and incentive system with DOC and Drug Court clients consistent with the evidence-based Contingency Management model.
- F. Drug Court: In addition, the Adult Drug Court and M57 Drug Court practices are consistent with the 10 Key Components of Drug Courts. Upon its last DOC review in 2009 using the evidence-based Correction Program Checklist (CPC), the DOC Program scored in the top 6% nationally.

The following are specialty treatment services that are incorporated into the adult treatment service areas described above. For example, Women's Services and Mental Health COD treatment are provided to clients participating in AOP, DOC, or Drug Court. The ITRS subsidy is provided only to non-OHP clients in AOP, since other subsidies are provided in DOC and Drug Court, but non-treatment services provided by ITRS funds are made available to eligible parents in other program areas.

- A. *Women's Services:* The Adult Outpatient Program, as well as the Corrections (DOC) and Drug Court Treatment programs, include services designed to meet the specialized needs of women. The assessment process identifies issues such as social isolation, self-reliance, parenting issues, domestic violence, physical health, housing, and finances. A gender-specific group is typical for all participants throughout treatment, and the women's group incorporates the Seeking Safety curriculum. Other services to meet the specialized needs of women include transportation to groups (and bus passes and gas vouchers for other appointments); housing

assistance and case management; no-cost parenting classes at the treatment site, CHANCE, and DHS; direct subsidy or referral for childcare assistance; integrated treatment for trauma survivors; coordination with domestic violence shelters and support services; referral for smoking cessation; and Functional Family Therapy or referral of children needing treatment. We coordinate services to pregnant clients with Mental Health and with Public Health maternal child health nurses, and maintain close ties with Samaritan Health Maternity Care Coordinators. All uninsured women, including pregnant women, who cannot afford medical care, are covered by LCAD for the co-pay charged by the E. Linn Health Center (a federally qualified health center); and LCAD coordinates with IHN to provide a PCP for OHP-covered women and pediatric care for OHP-covered children. Most staff have had training in fetal alcohol spectrum disorders; and all staff have been trained in administering the Ages & Stages 3 (ASQ-3) developmental screen, as the first step in a pilot project to provide the screening to all parents with children 0-3. Through our out-stationed staff at DHS Child Welfare and DHS Self-Sufficiency offices, we provide assessment and intensive case management, primarily for women with children, including home visits. All clinical staff receive on-going training in working with women's issues, such as trauma.

- B. *Intensive Treatment & Recovery Services (ITRS)*: All uninsured admissions into the Adult Outpatient Program who are parents or in a parenting role are eligible for treatment at no cost. ITRS clients participate in the regular Adult outpatient & intensive outpatient services appropriate to their needs. Referrals from DHS Child Welfare, including the Family Treatment Court, are prioritized to be scheduled for assessments within 5 working days, and are scheduled directly by a designated CWP caseworker. Treatment starts immediately following the assessment. ITRS funds are also utilized to provide transportation, housing assistance (currently up to 4 months of rent assistance, and case management), medical care subsidies, and child care subsidies. Most parents in ITRS participate in no-cost parenting classes on site, at CHANCE, or at DHS, provided by LCAD Prevention staff or LBCC parenting educators (with funding from LCAD and the Mid-Valley Behavioral Care Network).
- C. *DUII*: Although emergence, Serenity Lane, and Exodus are the primary providers of DUII services in Linn County, LCAD provides DUII treatment to indigent clients who qualify for our sliding fee scale (SE 66 and County funds), and for clients needing one of our other specialized services (adolescents, women, Corrections clients, clients with a co-occurring mental disorder or gambling problem). As soon as contracts are finalized, these private programs will receive the Indigent Driver Program Fund portion of SE 66 to serve indigent DUII clients at a reduced fee.
- D. *Restricted Driver's License*: Clients seeking a recommendation for a Restricted Driver's License are encouraged to continue treatment with their designated DUII provider, and attend monitoring sessions where they completed DUII treatment; the DUII treatment providers send us monthly monitoring reports. Any services provided by LCAD (typically an initial RDL assessment and UA) are provided on a sliding fee scale.
- E. *Co-occurring Disorders*: LCAD staff are trained to be able to provide integrated treatment for clients with co-occurring mental disorders (COD) as part of their chemical dependency treatment, which is typically provided on-site by LCAD staff for clients without a serious and persistent mental illness. Psychiatric assessment and medication management is available on-site to all adult clients (through our consulting psychiatrist and Medical Director), and a COD group (Managing Emotions Group) is offered one afternoon a week in both Albany and Lebanon to any adult client. Clients with a serious and persistent mental illness are seen for integrated COD

treatment through Linn County Mental Health (including groups at Mental Health provided by an LCAD clinician), and also make use of our CD groups for additional support as needed.

- F. *Family Treatment Court*: LCAD is one of several treatment providers for the Family Treatment Court (FTC), which has no grant support. An LCAD clinician serves as an outreach worker on the Addiction Recovery Team (ART) working with FTC participants. FTC clients are referred directly by the ART Child Welfare caseworker for a prioritized assessment, and are enrolled in the Adult Outpatient Program. Funding for treatment is primarily through OHP and ITRS.

Problem Gambling Treatment for Adults & Youth: Outpatient problem gambling treatment is provided to youth and adults, and their families, in Linn and Benton Counties. Assessments, and individual and family therapy, are provided in clinic offices in Corvallis, Albany, Lebanon, and Sweet Home. Group therapy times and locations are based on demand, and recently have been 1-2 evening groups in Albany. Gender groups, a daytime group, and a group in Corvallis have been added when there is sufficient demand. Additional services include:

- Psychiatric assessment and medication management is available in the Albany clinic one morning a week.
- Van transportation to groups is provided from multiple locations in Linn and Benton Counties, as well as gas vouchers or bus passes, for those without other transportation resources.
- As part of an Addictions & Mental Health Division pilot project, individual or family therapy utilizing Skype has allowed client internet access to treatment services when transportation barriers or disability prevents them from attending office appointments.
- For low income, uninsured clients in need of medical care, the program is able to pay for their co-pay for appointments at the E. Linn Health Clinic or Benton County Health Center (federally-qualified health centers).
- Problem Gambling clients with co-occurring substance abuse disorders have access to substance abuse treatment groups at the Albany or Lebanon clinics. Client clients enrolled in substance abuse treatment with a pattern of problem gambling have access on-site to problem gambling treatment services. In each case, an individualized treatment plan is developed.

Services to Problem Gamblers include the following evidence-based practices:

- A. *Cognitive Behavior Therapy*: Groups incorporate Cognitive Behavior Therapy (CBT) that develops skills essential for recovery, including coping with cravings, refusal skills, problem-solving, managing emotions, and effective communication. Skills are developed through in-session practice, and written and behavioral assignments. The Managing Emotions Group (for problem gambling clients with co-occurring mental disorders) is a manual-based group utilizing CBT interventions that include elements of Dialectic Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT).
- B. *Seeking Safety*: Weekly gender-specific groups for women incorporate the treatment approach and materials from Seeking Safety, which addresses PTSD and substance abuse.
- C. *Functional Family Therapy*: Appropriate adult clients with children may participate in Functional Family Therapy, a structured family intervention model for at-risk families.

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

Linn County Mental Health Services is the provider of mental health services in Linn County and we don't have any sub-contracted mental health service providers.

Linn County Alcohol & Drug (LCAD) is the primary provider of CFAA-funded addiction treatment and prevention services, with the following sub-contracts or anticipated sub-contracts for 2013-15:

- A&D 60 Housing Assistance: CHANCE, a local peer-run recovery support organization, provides Housing Coordination as part of the Drug-Free Housing Assistance Program. LCAD provides program coordination, rent payments and accounting, and shares report generation with CHANCE.
- A&D 80 Problem Gambling Prevention: Linn Benton Community College provides *The Incredible Years* parenting classes to at-risk parents (due to Child Welfare involvement, addiction, or mental illness). A&D 80 funds are utilized to cover the cost for non-OHP parents (and the cost for OHP parents is covered by a contract with the Mid-Valley Behavioral Care Network, managing mental health services for the IHN-CCO).
- MHS 37 DUUI Indigent Program Fund: Before the end of FY 2012-13, and anticipated to be renewed for the 2013-15 Biennium, LCAD expects to sub-contract with Serenity Lane, emergence, and Exodus Recovery Services, to provide subsidized fees to low-income residents in DUUI treatment.

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

The Intercommunity Health Network (IHN) CCO serves Linn, Benton, and Lincoln Counties. Our Health Services administrator, and Mental Health and Alcohol & Drug program managers are working Samaritan Health Services IHN-CCO on developing the new CCO. IHN CCO has a representative from the Linn County Board of Commissioners on their board of directors. IHN-CCO is working with the Mid-Valley Behavioral Care Network (MVBCN), which has been Linn County's MHO, to integrate MH services into the rest of the health care system. The MH and A&D program managers sit on the Service Delivery Steering Committee for the IHN-CCO, which coordinates the implementation of the transformation plan and service integration of the CCO. The MH and A&D program managers and the MH QI supervisor will participate on the bi-monthly IHN-CCO Quality Assurance Committee. The Health Administrator is a member of the IHN-CCO Finance Committee and Community Advisory Council, and the Health Administrator and MH program manager are members of the Regional Planning Council for the CCO. Mental Health and Alcohol & Drug staff are involved in several transformation pilot projects initiated in collaboration with the CCO and other local partners, including projects to provide SBIRT A&D screening by nurses in Emergency Departments, reduce hospital re-admissions of high-risk patients, provide training to IHN-CCO staff on the community mental health system, and develop an integrated approach to prevention.

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:

	Name	Term Expires	Status
1	Jeff Kesselring	12/31/13	Consumer/Advocate
2	Nora Sonne	12/31/13	Stakeholder/Advocate, Mental Health Association
3	Stephanie Cameron (new applicant)	12/31/13	Stakeholder, CHANCE
4	Vacant	12/31/13	Consumer/Survivor
5	Maureen Robb	12/31/13	Stakeholder, Linn Co. Parole & Probation
6	Vacant	12/31/14	Consumer/Advocate
7	Vacant	12/31/14	Consumer/Advocate
8	Anthony Amaral	12/31/14	Consumer/Survivor
9	Vacant	12/31/14	Consumer/Advocate
10	Richard Knowles, Chair	12/31/14	Stakeholder, OR State Hospital
11	Paul Barnes	12/31/15	Consumer/Advocate
12	Vacant	12/31/15	Consumer/Advocate
13	Wendy Hoffman	12/31/15	Stakeholder, Head Start
14	Kathryn Henderson Co-chair	12/31/15	Stakeholder, LBL Education & Services District
15	Vacant	12/31/15	Stakeholder

Local Alcohol & Drug Planning Committee:

	Name	Term Expires	Status
1	Jan Amling	12/31/2014	Stakeholder, Consumer Credit Counseling (retired)
2	Trisha Kenyon, Chairperson	12/31/2014	Stakeholder, Linn County Parole & Probation
3	Chaim Uri	12/31/2014	Stakeholder, DHS Child Welfare Addiction Recovery Team
4	Brent Williams	12/31/2013	Stakeholder, Jail Chaplain Life In Focus Ministries
5	Dionne Hammond	12/31/2013	Family Advocate, Director CHANCE
6	Michael Davis	12/31/2013	Consumer Advocate, Oxford House
7	VACANT	12/31/2015	Minority Representative
8	Angela Clark	12/31/2015	Consumer Advocate, A&D Outreach Supervisor Family Tree Relief Nursery
9	Cass Templeton	12/31/2015	Stakeholder, Director Community Before & After School Program

2. COMMUNITY NEEDS ASSESSMENT- **DEFERRED Until July 2013**

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: **DEFERRED Until July 2013**

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.

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

a) Mental Health Promotion

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

b) Mental Illness Prevention

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

c) Substance Abuse Prevention

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

d) Problem Gambling Prevention

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

e) Suicide Prevention

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

f) Treatment:

- **Mental Health**

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

- **Addictions**

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

- **Problem Gambling**

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

h) The LMHA's Quality Improvement process and procedure

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

j) Behavioral health equity in service delivery

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

k) Meaningful peer and family involvement in service delivery and system development

1. Strength or Area for Improvement

2. Plan to Maintain Strength or Address Areas Needing Improvement

l) Trauma-informed service delivery

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

m) Stigma reduction

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

n) Peer-delivered services, drop-in centers and paid peer support

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

o) Crisis and Respite Services

1. Strength or Area for Improvement
2. Plan to Maintain Strength or Address Areas Needing Improvement

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	<p><u>Mental Health Treatment</u> CY 2012 Total (Medicaid/Non-Medicaid): 3,866 CY 2012 Non-Medicaid: 793</p> <p><u>A&D Treatment</u> CY 2012 Total (Medicaid/Non-Medicaid): 726 Non-Medicaid/non-ITRS: 286 ITRS: 111</p> <p><u>Gambling Treatment</u> CY 2012 Total: 27 Jan-Jun 2012 Access Wait Time: 100% <5days</p>	<p><u>Mental Health Treatment</u> Track number of unique individuals seen by LCMH on a yearly basis.</p> <p><u>A&D Treatment</u> Track ITRS, other non-Medicaid, and Medicaid individuals served</p> <p><u>Gambling Treatment</u> Track individuals served Track access wait time thru GPMS</p>
b) Initiation of treatment services – Timely follow up after assessments	<p><u>Mental Health Treatment</u> In CY 2012, 1418 had assessment and one other service within 14 days.</p> <p><u>A&D Treatment</u> Data not readily available.</p> <p><u>Gambling Treatment</u> Data not readily available.</p>	<p><u>Mental Health Treatment</u> Track Assessment to follow up within a 14 day period.</p> <p><u>A&D Treatment</u> Track days from assessment to first kept appointment to set baseline, thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track days from assessment to first kept appointment to set baseline, thru COMPASS starting 7/2013.</p>

<p>c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation</p>	<p><u>Mental Health Treatment</u> In CY 2012, 1,215 had 2 services within 30 days of initiation.</p> <p><u>A&D Treatment</u> Data not readily available.</p> <p><u>Gambling Treatment</u> Data not readily available.</p>	<p><u>Mental Health Treatment</u> Track at least 2 services within 30 days of initiation.</p> <p><u>A&D Treatment</u> Track % with at least 2 services within 30 days of assessment, thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track % with at least 2 services within 30 days of assessment, thru COMPASS starting 7/2013.</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><u>Mental Health Treatment</u> No data</p> <p><u>A&D Treatment</u> No data.</p> <p><u>Gambling Treatment</u> No data.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</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><u>Mental Health Treatment</u> No data.</p> <p><u>A&D Treatment</u> No data.</p> <p><u>Gambling Treatment</u> No data.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</p>
<p>f) Percent of participants in ITRS reunited with child in DHS custody</p>	<p><u>Mental Health Treatment</u> N/A</p> <p><u>A&D Treatment</u> AMH data not readily available.</p> <p><u>Gambling Treatment</u> N/A</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</p>

<p>a) Percent of individuals who report the same or better housing status than 1 year ago.</p>	<p><u>Mental Health Treatment</u> Out of 433 clients who were closed in 2012 after being open for a minimum of 200 days, 350 had the same status at closing as they did at enrollment (this status does not include those who were coded as homeless). 35 changed their status but remained at a comparable level. Of the 14 who were coded as homeless upon enrollment 8 were not homeless upon termination</p> <p><u>A&D Treatment</u> CPMS data not readily available. Within one year, 84.6% of M57 Drug Court participants have been in the same drug-free residence for at least 90 days.</p> <p><u>Gambling Treatment</u> No data.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</p>
<p>b) Percent of individuals who report the same or better employment status than 1 year ago.</p>	<p><u>Mental Health Treatment</u> 391 had the same employment status at closing as they did at opening. 8 improved their employment status.</p> <p><u>A&D Treatment</u> CPMS data not readily available. Within one year, 56.5% of M57 Drug Court participants are employed.</p> <p><u>Gambling Treatment</u> No data.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</p>
<p>c) Percent of individuals who report the same or better school performance status than 1 year ago.</p>	<p><u>Mental Health Treatment</u> Out of 140 clients that had data in the Academic Improvement field, 111 reported academic improvement.</p> <p><u>A&D Treatment</u> CPMS data not readily available. Within one year, 52.2% of M57 Drug Court participants have increased educational level.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPASS starting 7/2013.</p>

	<p><u>Gambling Treatment</u> No data.</p>	
d) Percent of individuals who report decrease in criminal justice involvement.	<p><u>Mental Health Treatment</u> In RT the question on the termination screen only is stated as Criminal Justice During Tx. So out of the 377 rows that had data in that field there were 66 that had a Yes.</p> <p><u>A&D Treatment</u> CPMS data not readily available. Drug Court recidivism data show 8% of grads with arrest in 3 years post-graduation.</p> <p><u>Gambling Treatment</u> No data.</p>	<p><u>Mental Health Treatment</u> Currently tracked from opening and closing CPMS data. Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>Gambling Treatment</u> Track thru COMPAS starting 7/2013.</p>
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.	<p><u>Mental Health Treatment</u> The State ADP target is 4.53. LCMH average ADP for 2012 was 4.1. There were 3 out of 12 months where we exceeded our ADP Target.</p> <p><u>A&D Treatment</u> N/A</p> <p><u>Gambling Treatment</u> N/A</p>	<p><u>Mental Health Treatment</u> Track thru COMPASS starting 7/2013 and continue using the monthly ADP reports from the State.</p> <p><u>A&D Treatment</u> N/A</p> <p><u>Gambling Treatment</u> N/A</p>
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	<p><u>Mental Health Treatment</u> 13 in the State Hospital for 2012; 11 (85%) did transition within 30 days. The two that didn't were because of client refusal to follow the transition plans that had been revised multiple times to meet their requests.</p> <p><u>A&D Treatment</u> N/A</p> <p><u>Gambling Treatment</u> N/A</p>	<p><u>Mental Health Treatment</u> Track thru COMPASS starting 7/2013.</p> <p><u>A&D Treatment</u> N/A</p> <p><u>Gambling Treatment</u> N/A</p>
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	<p>See Prevention Strategy Sheet logic model, starting on p. 27.</p>	

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:

As COMPASS data becomes available, we will be incorporating performance measures into our QI process, and the Mental Health Advisory Board and Local Alcohol & Drug Planning Committee. Both the Mental Health and Addictions QI Committees and the Advisory Boards set outcome goals for the various teams and monitor quarterly. This ultimately would affect program development and allocation of resources.

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:

See attached BIP Budget document.

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.		X	
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.		X	
c) Use of funds allocated for alcohol and other drug use prevention.		X	

Additional Information (Optional)
<p><i>a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?</i></p> <p>Training and technical assistance needs include:</p> <ul style="list-style-type: none"> • Technical and administrative implementation of COMPASS and other data reporting requirements. • Technical assistance in merging existing county Community Health Assessments with regional CCO Community Health Assessment requirements. • Technical and administrative tracking of undefined budget categories.
*No review criteria

Linn County Biennial Implementation Plan 2013-2015

PREVENTION STRATEGY SHEET

Proposed Programs	Proposed Outputs	Proposed Outcomes	Population Served	Program Area/Funding
<p><i>Community Mobilization:</i></p> <p>Linn Together Community Coalition</p>	<p>1) Prevention staff will attend and participate in monthly Linn Together coalition meetings.</p> <p>2) Prevention staff will provide technical assistance to Linn Together in the development of a prevention plan, based on the strategic prevention framework, for 2013-2014, 2014-2015.</p>	<p>1) Coalition membership, attendance and volunteer hours will be tracked and reported.</p> <p>2) Linn Together will submit a plan to Linn County Alcohol & Drug Program and the Linn County LADPC for review and approval by August 2013.</p>	Community, Parents	Alcohol & Drug, Problem Gambling Prevention, Other
<p>Information Dissemination:</p> <p><i>Linn Facts</i></p>	<p>Linn County Prevention staff will develop and disseminate a bi-monthly fact sheet. Facts sheets will highlight local statistics and trends.</p> <p>1) 2013-2014 six facts sheets will be developed and disseminated.</p> <p>2) Prevention staff will survey recipients annually using an online survey. Survey will measure applicability and usefulness of the Linn Facts series.</p>	<p>1) Fact sheet dissemination will be tracked and reported.</p> <p>2) 75% of respondents will report fact sheets as applicable and informative.</p>	Community, Professionals	Alcohol & Drug, Problem Gambling Prevention, Mental Health Prevention

Proposed Programs	Proposed Outputs	Proposed Outcomes	Population Served	Program Area/Funding
<p>Information Dissemination:</p> <p><i>Linn Together Newsletter & website</i></p>	<p>Linn County Prevention staff will develop and disseminate a monthly Linn Together newsletter highlighting the activities of Linn Together and partnering organizations.</p> <p>1) 2013-2014 12 newsletters will be developed and disseminated.</p> <p>2) Prevention staff will survey recipients annually using an online survey. Survey will measure applicability and usefulness of the monthly newsletters.</p> <p>3) Linn County Prevention staff will maintain a Linn Together website. Website information will include: a) Information on coalition activities; b) a calendar of events; c) Substance abuse prevention information and resources.</p>	<p>1) Monthly newsletter dissemination will be tracked and reported.</p> <p>2) 75% of respondents will report the newsletter as applicable and informative.</p> <p>3) Website usage will be tracked using Google analytics.</p>	<p>Community, Professionals, Parents</p>	<p>Alcohol & Drug, Problem Gambling Prevention, Mental Health Prevention</p>

Proposed Programs	Proposed Outputs	Proposed Outcomes	Population Served	Program Area/Funding
Information Dissemination: <i>Linn County Students Taking Action Not Drinking (STAND) Youth Council & Media Campaign</i>	Prevention staff will provide technical assistance and support to the Linn County youth council, Students Taking Action Not Drinking (STAND). 1) Prevention staff will facilitate monthly meetings of the UDYC. 2) Prevention staff will work with youth council leaders to develop leadership skills & gradually transition duties from prevention staff to council members. 3) STAND develops and implements new 2013-14, 2014-2015 media campaigns that enhance current & other ongoing media campaign efforts. 4) STAND members will work with prevention staff to engage local businesses and develop partnerships that increase resources for council activities.	1) Monthly meetings and attendance will be tracked & reported. 2) Council staff will help facilitate & organize STAND activities. 3) Information dissemination will be tracked and reported. 4) Partnerships and resources will be tracked & reported.	Youth, Peers	Alcohol & Drug, Other
Environmental Strategies: <i>Responsible Alcohol Sales Training</i>	1) Provide two merchant trainings per year for a total of four during the 2013-2015 biennium.	1) 75% of participants will report increases of knowledge and/or skills related to properly checking ID and or identifying false ID	Adults, Linn County Alcohol Outlets	Alcohol & Drug, Problem Gambling Prevention, Other

Proposed Programs	Proposed Outputs	Proposed Outcomes	Population Served	Program Area/Funding
Environmental Strategies: <i>Reward & Reminder Alcohol Compliance Checks</i>	Decrease the rate of alcohol sales to minors. 1) Prevention staff will conduct four Reward & Reminder compliance checks during the 2013-2015 biennium (two per year). Decoys will visit 30 businesses each time for a total of 120 compliance checks for the biennium.	1) Compliance rates will increase over the two year period and by the end of the biennium 85% of Linn County businesses will be compliant.	Adults, Linn County Alcohol Outlets	Alcohol & Drug, Other
Prevention Education: <i>Life Skills Training Program</i>	Provide LifeSkills Training to 1400 fourth and/or sixth grade students attending Linn County schools. 1) Develop and confirm with each participating school district an implementation timeline for the 2013-14, 2014-15 school year. 2) Disseminate <i>Bringing LifeSkills Home</i> materials to all families of participating youth. 95% of participating families will receive a resource packet. 3) Administer pre/post student survey, analyze & report results.	1) Participant numbers (students) will be tracked and reported. 2) Participant numbers (parents/guardians) will be tracked and reported. 3a) 70% of students will report increases in decision-making skills as reported on the LifeSkills student post survey. 3b) 70% of 6 th graders will report increases in knowledge related to the harmful effects of youth alcohol use as reported on the LifeSkills student post survey.	Youth	Alcohol & Drug, Problem Gambling Prevention, Mental Health Prevention, Other

<i>Proposed Programs</i>	<i>Proposed Outputs</i>	<i>Proposed Outcomes</i>	<i>Population Served</i>	<i>Program Area/Funding</i>
If additional prevention funds are secured the following programs will be implemented				
<i>Prevention Education:</i> <i>Girls Circle/Boys Council</i>	Prevention staff will provide two series of Girls Circle and one series of Boys Council in rural Linn County.	Outcomes will be identified if additional prevention funds are secured.	Youth	
<i>Parent Education:</i> <i>Guiding Good Choices and/or Nurturing Parenting</i>	Prevention staff will provide three series of Nurturing Parenting or Guiding Good Choices parent education.	Outcomes will be identified if additional prevention funds are secured.	Adults	

**Local Mental Health Authority: Linn County Department of Health Services
Biennial Implementation Plan (BIP)
Planned Expenditures 2013 - 2015 (Based on historical allocation)**

**Budget Period: 7/1/13-6/30/15
Date Submitted: 3/20/13**

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Behavioral Health Promotion and	Mental Health	Adults	-	-	-	-	-	-
		Children	-	-	-	-	-	-
	Alcohol and Other Drug	Adults	20,125	6,478	19,789	8,500	54,892	-
		Children	181,123	58,302	178,105	127,838	545,368	-
	Problem Gambling		132,860	-	16,652	98,876	248,388	-
Outreach (Early Identification and Screening, Assessment and Diagnosis)	Mental Health	Adults	-	-	-	-	-	-
		Children	-	-	-	-	-	-
	Alcohol and Other Drug	Adults	101,121	-	-	196,619	297,740	-
		Children	37,841	-	-	-	37,841	-
	Problem Gambling		28,500	3,557	-	2,488	34,545	-
Initiation and Engagement	Mental Health	Adults	-	-	-	-	-	-
		Children	-	-	-	-	-	-
	Alcohol and Other Drug	Adults	17,161	-	-	403,355	420,516	-
		Children	17,161	-	-	11,062	28,223	-
	Problem Gambling		-	-	-	-	-	-
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)	Mental Health	Adults	1,545,516	-	-	638,797	2,184,313	-
		Children	334,395	-	-	249,925	584,320	-
	Alcohol and Other Drug	Adults	220,948	-	20,064	1,083,090	1,324,102	-
		Children	614,692	57,344	179,006	18,854	869,896	-
	Problem Gambling		170,292	67,585	-	47,263	285,140	-
Continuity of Care and Recovery Management	Mental Health		298,294	-	-	54,506	352,800	-
	Alcohol and Other Drug		-	-	-	-	-	-
	Problem Gambling		-	-	-	-	-	-
Peer-Delivered Services		-	-	-	-	-	-	
Administratio		5,964	-	-	-	5,964	-	
Other (Include		-	-	-	-	-	-	
Total			3,725,993	193,266	413,616	2,941,173	7,274,048	-

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