March 1, 2013

Local Mental Health Authority
Biennial Implementation Plan
Wasco, Hood River, Sherman Counties
2012-2015

Submitted by:

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Executive Director
Mid-Columbia Center for Living

Part 1: System Narrative

1. System Overview

a. Provide an overview of the County's current addictions and mental health services and supports system

A. Health Promotion and Prevention

a. Mental Health

The Cottage Drop in Center promotes mental health by building stronger and healthier communication, relationships, social and living skills, and, ultimately, a healthier community. The center is open four days per week from 10 AM until 3 PM and has an average attendance of 12 to 18 adults, with about 30 people who attend at least monthly. Nearly all of the members of this program have been diagnosed with serious and persistent mental illness. Many are dually diagnosed with developmental disabilities and/or substance abuse issues. The staff includes four trained and certified Peer Support Specialists and a lead Case Manager.

The Cottage is governed by a member advisory board that reviews policies and procedures and recommends program directions. The membership, including the peer coordinator staff, plans the monthly activity calendar. The Cottage Program strives to enhance members' ability to achieve developmental competence, develop self-esteem, mastery, well-being and social inclusion by providing positive social activities, community outings, and skill building activities, celebrations, positive support and encouragement, advocacy, educational and emotional support groups. The setting, a comfortable house setting, provides a safe, supportive place where members can come to be social, gain support, build trust, develop relationships, get caring feedback, learn and grow.

MCCFL provides a number of public education and outreach activities. Specific evidence-based programs including Supported Employment and Early Assessment Support Alliance (EASA) as part of their fidelity are required to provide outreach, including radio spots, public information ads and newspaper articles.

b. Alcohol and Drug – See Prevention Plans submitted from Hood River, Wasco and Sherman Counties attached.

c. Problem Gambling

Mid-Columbia Center for Living participates in activities focused on preventing Problem Gambling. The primary purpose of prevention is education and raising awareness of the potential problems associated with Gambling activities. Center for Living uses two main approaches common in the field of prevention as it offers and provides education and information to the community and local agencies about how to reduce the potential harm for those who choose to Gamble, as well as availability of resources for assistance**.** The agency has increased its partner relationship with the local Prevention Coalition through the Commission for Children and families and participation in prevention activities. Services are provided in both English and Spanish.

B. Outreach (Early ID and Screening, Assessment, Dx)

a. Mental Health

Behavioral health screening and assessment are critical functions delivered by MCCFL to the community. The agency has made a diligent effort in the last biennium to dramatically shorten the time of the client's initial request to service to that time of service. Our data prior to this performance improvement indicated clients may have waited up to 50 days for an initial appointment. MCCFL now provides same day access for intake assessments and follow up appointments within 14 days.

Assessment and screening is focused on a comprehensive bio-psycho-social and trauma-informed review of a consumer's presenting problems. If medical necessity and diagnosis is established, an Integrated Service and Support plan is co-created with the consumer and treatment services begin. MCCFL utilizes the Level of Care Utilization Survey (LOCUS) for adult consumers and the Child and Adolescent Service Intensity Instrument (CASII) to develop level of care for youth.

Our Early Assessment Support Alliance (EASA) program is an outreach and treatment program that identifies young adults experiencing first psychoses. Often these adults are reluctant to enter mental health services. To connect with clients, the majority of outreach is done in the community. Primary care professionals are typically the largest referral base for these young adults and the EASA program. A multidisciplinary team consisting of a mental health professional, case manager, psychiatrist, occupational therapist and a registered nurse provides outreach and treatment services.

b. Alcohol and Drug

Our Youth Treatment Specialist provides outreach services for early screening and assessment for youth in our region. The dual credentialed counselor attends meetings at the juvenile departments, mental health treatment team and schools to obtain referrals for those identified as having possible alcohol and drug problems. The counselor also provides a early intervention/education group at the high school and regional jail, to health classes and parents as requested.

c. Problem Gambling

Our problem gambling program conducts outreach focused on providing the problem gambler with information for accessing treatment services. We also work in collaboration with Mental Health and A&D treatment providers for screening problem gamblers. Services are provided in English and Spanish

C. Initiation and Engagement

a. Mental Health

MCCFL provides a great many services of initiation engagement to not enrolled members and consumers. Consultations may include communication with family members or community partners in social service agencies requesting access for services. MCCFL participates in a number of multidisciplinary meetings in Hood River and Wasco/Sherman County including child and adult MDT meetings and Crisis committee meetings.

b. Alcohol and Drug

Women who are pregnant, persons who are intravenous drug users, parents with dependent children, and drug court participants are prioritized for immediate access to assessment and treatment services. Our initiation and engagement into services begins with a comprehensive bio-psycho-social assessment. From the time of first contact, Motivational Interviewing strategies are utilized in order to encourage the consumer to reflect on the immediate and long term benefits of change. The Diagnostic and Statistical Manual of Mental Disorders (DSM) IV is used in determining if the person meets the criteria for a Substance related disorder. The information gathered over six dimensions for the assessment is also used in determining what specific interventions are indicated in order to address factors contributing to their substance use. The American Society of Addictions Medicine (ASAM) is used to determine the level of care indicated in treating the disorder. There are five levels of care, ranging from Early Intervention to Medically managed inpatient services.

Our program provides "Out-Patient" services and provides assistance to those needing to enter a higher level of care. Upon completion of a treatment plan individuals participate in treatment sessions specifically structured to address the problems identified in the assessment. The program uses Evidence Based Practices (EBP) in the delivery of treatment services, with such services provided in individual and/or group sessions. Random drug screens are conducted while the person is participating in their prescribed course of treatment.

c. Problem Gambling

Initiation and engagement into problem gambling services begins in a similar way to our alcohol and drug treatment services, but is conducted by certified gambling specialists.

D. Therapeutic Interventions (Community based outpatient, crisis, pre-commitment acute care, PSRB, JPSRB)

a. Mental Health

The vast majority of our resources are devoted to outpatient treatment for adults and youth, services for adults with severe and persistent mental illness, and crisis interventions. Direct services are provided by qualified mental health professionals, licensed medical providers, and qualified mental health associates, and certified peer specialists.

Emergency services are provided 24 hours per day and seven days per week in both Hood River and Wasco Counties for both enrolled client and non-clients in need of care. Staff is available for walk-in crisis appointments, doing crisis follow-up with clients discharging from hospitals. Trained crisis workers serves as consultants to MCMC and Providence Hospital for clients at risk who require a mental health assessment as well as working with police and community partners to assess the safety of the individual and their impact on the community. MCCFL hosts a bi-monthly "Crisis Committee" meeting with local providers (hospitals, law enforcement, developmental disabilities, Adults and People with Disabilities). As part of its agreement to function as the local mental health Authority, MCCFL participates in the pre-commitment process including the full continuum of directors and transfer custody holds, until health investigations

examinations and following clients throughout higher levels care through the adult mental health initiative (AMHI).

Outpatient behavioral health services are a crucial part of treating our priority populations. Evidenced based interventions include Solution Focused Brief Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Seeking Safety, and pain management.

MCCFL strives to provide outpatient therapeutic interventions in co-located settings including the local federally qualified health Center, schools, community corrections and DHS. MCCFL provides services in numerous towns throughout our county region.

Our Intensive Children's Treatment Services (ICTS) works with children ages 2-18 and their families whose severity requires the addition of a Family Care Coordinator to the treatment team. Services can include: in-home and community skills training, in-home parent training, activity therapy, monthly wrap-around meetings with family, client, and community partners, as well as individual and family therapy. The Mid-Columbia Alternative School-Based Treatment (MAST) program works with WASCO county schools to provide severely disturbed children a safe environment in which to learn and grow from. Services include wrap-around in-home service, on-site mental health counseling, and parenting classes.

Although a very small percentage of the services we provide, we are able to serve those under the Psychiatric Security Review Board (PSRB) with treatment interventions and supervision.

b. Alcohol and Drug

Intensive Treatment and Recovery Services (ITRS)-

Mid-Columbia Center for Living provides chemical dependency treatment and recovery services to individuals who are involved in a parental role with minor children. These services are available to individuals involved in the Child Welfare system and those at risk of such involvement. Treatment is provided at no charge to those who meet the eligibility criteria. The Evidenced Based Practices of Motivational Interviewing and Relapse Prevention are used in the delivery of such services. The agency maintains communication with Child Welfare as one staff from our office in housed in their office multiple days of the week. Most services are provided in English and Spanish.

Drug Court

Mid-Columbia Center for Living is a member of Drug Court in both Hood River and Wasco Counties. Drug Court is a practice that provides a significant amount of structure to participants involved in the judicial system and struggling with chemical dependency. Center for Living provides treatment to participants and assists in obtaining entry to a higher level of care when necessary. The Evidenced Based Practices of Motivational Interviewing and Relapse Prevention are used in the delivery of services to Drug Court participants.

Intoxicated Driver program

Mid-Columbia Center for Living provides services for those who have been cited for Driving Under the Influence of Intoxicants. Based on criteria set for Oregon County

Alcohol and Drug Screening Specialists, individuals are referred at either "Information/Early Intervention" or "Rehabilitation". Services focus on identification of factors that contributed to the behavior and subsequent citation, and skill development to avoid a recurrent offense. Collaboration and coordination with physical and behavioral health providers is implemented as indicated .The Evidenced Based Practices of Motivational Interviewing and Relapse Prevention are used in the delivery of such services. Most services are provided in English and Spanish.

Out-Patient

Mid-Columbia Center for Living provides chemical dependency treatment and recovery services to those who are struggling with behaviors associated with addiction. Services are provided by certified clinicians and focus on the development of a recovery base lifestyle. The program serves four priority populations: Pregnant Women, those who use via Injection, Individuals with Dependent Children, and those involved in Drug Court. Collaboration and coordination with physical and behavioral health providers is implemented as indicated. The Evidenced Based Practices of Motivational Interviewing and Relapse Prevention are used in the delivery of such services. "Seeking Safety" is a third Evidence Based Practice used in providing treatment services to those whose substance use is related to Trauma. Most services are provided in English and Spanish.

Youth Enhancement Treatment Services

Mid-Columbia Center for Living provides chemical dependency treatment services to youth who are engaging in behaviors associated with addiction. Services provided include Early Intervention and treatment. Services are provided in various settings and include the regional jail, schools, juvenile department, and in the office. Outreach is also part of the services provided in and effort to identify those who are appropriate for Early Intervention. Collaboration and coordination with physical and behavioral health providers is implemented as indicated. The Evidenced Based Practices of Motivational Interviewing and Relapse Prevention are used in the delivery of such services. Services prioritize youth who have no health care coverage or the ability to pay for treatment. Services are provided in English and Spanish.

c. Problem Gambling

Mid-Columbia Center for Living provides services for individuals whose life is affected by Problem Gambling. The services are available for the gambler and family members. Such services include therapy sessions as well as work on life skills necessary for long-term recovery.

E. Continuity of Care and Recovery Management

a. Mental Health

Community mental health programs by statute serve the priority population of adults with severe and persistent mental illness. For our Severe and Persistently Mentally Ill (SPMI) clients we provide case management services that entail medication dispensing and monitoring, transportation for medical services, connection to community partners and resources as well as daily/weekly/bi-weekly/monthly contact to ensure client safety, stabilization, and health. Recovery and maintenance services for these clients include a variety of interventions such as assertive community treatment, supported employment, staffing a consumer drop in center, a transitional age youth support program.

For youth, we provide a continuity of wrap around services such as case management, skills training, parent training, and family care coordinators.

MCCFL also provides a robust Supported Employment Program that meets state criteria for fidelity.

b. **Alcohol and Drug**

La Casa Vida - Mid-Columbia Center for Living owns a home and three apartment units that are available as "Drug Free" housing. The "Women Only" housing is made available to women who are in early recovery and involved in the Child Welfare System at the time of securing tenancy. Tenants are required to be free of chemical substances prior to becoming a resident and such abstinence must be documented and verified. While maintaining residency at La Casa Vida, the tenants are to actively participate and maintain compliance with chemical dependency treatment.

c. **Problem Gambling**

Our problem gambling program provides referral support to residential gambling treatment, as well as, other wraparound support services to enhance and sustain recovery.

F. Peer Delivered Services

Our Peer to Peer Program is available one day per week from 10 AM until 4 PM. The members, who are 18 to 26 years of age, meet in our large community room. There are two trained and certified Peer Support Specialists who work in the program. The members, including the peer coordinators plan the activities for the group. The program includes positive social activities, community outings, volunteer community service projects, skill building activities (especially around sexual identity, dating, and relationship boundaries), celebrations, giving and receiving positive emotional support and encouragement, and providing advocacy related to education, housing and employment. In addition to the weekly group and outings, the two Peer Support Specialists work individually with P2P members on issues like education, housing, employment, relationships, drug and alcohol use, emotional well being and stability. The program promotes mental health and recovery by providing an opportunity for young adults to build stronger and healthier communication skills, develop relationships, learn and expand social and living skills, and work with others to build a healthier community. The Peer to Peer program provides a challenging and supportive place where young adult members can come to meet other young people, be social, gain support, build trust, develop relationships, get caring feedback, learn and grow.

Peer delivered Services - The Cottage is our drop-in center for our Severe and Persistently Mentally Ill (SPMI) clients who, through Cottage programs and staff, are able to form meaningful relationships, be supported in the community, and maintain a viable means of socialization without the stigma of being different. Peer counselors are on-hand to help and facilitate a socially supportive environment. The Cottage is open 4-days a week with transportation provided to Hood River and Wasco county residents.

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

Our LMHA, the *Tri-County Mental Health Board, consists of a county commissioner from Wasco, Sherman and Hood River Counties.* The Tri-County mental health board delegates the service provision and oversight of sub-contractors to the Mid-Columbia Center for Living (MCCFL). MCCFL provides the following services supported by flexible funding SE 37:
Adult and children outpatient mental health, crisis services, PSRB monitoring and supervision, Alcohol and drug abuse services, Intensive Treatment and Recovery services, alcohol and drug special projects (treatment enhancement), problem gambling treatment services and prevention/outreach. Funding for these services is listed under the "AMH flex funding" category on the budget page.

Subcontractors include Prevention Services in Wasco, Sherman, Hood River Counties (AD 70), SPF-Sig Special Project (AD 60)residential treatment services to Columbia Care for adult residential treatment services (SE 28) at Creekside in The Dalles, and treatment foster care beds to The Next Door (SE 22A). Funding for these services is listed under the "other" category on the budget page.

Funding for our peer delivered services and acute care for indigent individuals (SE 24) is provided through Eastern Oregon Human Services Consortium. Funding for these services is also included in the "other" category on the budget page.

c. Describe how the LMHA is collaborating with the CCO's serving the counties.

The Tri-County Mental Health board, county administrators, and other county commissioners have been extremely involved in the process of identifying, choosing and subsequently collaborating with our CCO's.

Our CCO for Sherman County is the Eastern Oregon CCO. Our LMHA/Tri-County Board commissioner from Sherman County is on the Community Advisory Council for the EOCCO. The executive director of MCCFL is on the executive board of GOBHI.

Our CCO for Hood River and Wasco County is PacificSource. Our LMHA/Tri-County board commissioner from Hood River County is the chair of the Columbia Gorge Governance Council for PacifiSource CCO. In addition, the juvenile director for Wasco County is on the Columbia Gorge Governance Council. The executive director of MCCFL is on the Community Advisory Council for this CCO and the Clinical Services Manger from MCCFL is on the Clinical Advisory Panel for this CCO.

The executive director of MCCFL collaborates with the CCO through regular meetings with members of the governance council and with representatives from PacificSource directly.

d. List the MH advisory council and LADPC members including representation

The LMHA has an integrated MH, LADPC and DD advisory group called the Prevention and Treatment Advisory Board (PTAB). See attached member list and bylaws.

Part 1: System Narrative

2. Community Needs Assessment

a. Describe the community needs assessment process

The LMHA for Wasco, Sherman and Hood River Counties has elected to defer the community needs assessment deadline to July 26, 2013. Our Prevention and treatment advisory board will be conducting a face to face community meeting for Wasco and Hood River Counties, and a separate one for Sherman County, in April 2012 that will include an exhaustive list of stakeholders for the community and consumers. This process will be co-sponsored by our respective CCO's in the counties. Our community needs assessment will address outcome metrics expectations of both CCO and AMH. We will also utilize CCO transformation plans, epidemiologic information, previously written needs assessments from regional hospitals and consumer surveys. The process will also follow guidelines of the strategic planning framework which will utilize available encounter and other data to help inform our direction and recommendations.

3. Strengths and Areas of Improvement –

Strengths and Areas of Improvement will be determined by the community needs assessment. This section will also be deferred to July 26, 2013.

Part II Performance measures

1. LMHA Core Accountability Measures (see attachment)
2. LMHA Transformational Measures – This section is deferred until the completion of the community needs assessment.

Part III Budget Information

1. General Budget Information (see attached).

This budget is based on 2012-2013 funding and is intended to be provisional until the completion of our community needs assessment and approved AMH budget for 2013-2015.

Mental Health & Addictions Prevention/Treatment & Developmental Disabilities Advisory Board

Name	Agency	Representing	Term
Anderson, Shaun, Board Chair	Hood River County Probation	Consumer	Jan. 2011 – Jan. 2015
Boynton, Bob	Mid-Columbia Center for Living	Consumer	Jan. 2011 – Jan. 2015
Gale, Mary	Wasco/Sherman Public Health Tobacco Prevention	Advocate	Jan. 2011 – Jan. 2015
Jones, Debby	YOUTH.THINK	County	Jan. 2011 – Jan. 2015
Knight, Paulann	Oregon Family Support Network	Family	Jan. 2011 – Jan. 2015
Linder, Lowell	Mid-Columbia Center for Living, DD Program Manager	Agency	
MacMillan, Dr. Jim	Mid-Columbia Center for Living, Medical Director	Agency	
Mobley, Theresa	Sherman County Prevention	County	Jan. 2011 – Jan. 2015
Ramsey-Smith, Carri	Child Welfare, DHS	Advocate	Jan. 2011 – Jan. 2015
Seatter, Barb	Mid-Columbia Center for Living	Agency	
Wood, Andrew	Wasco County	Consumer (DD)	Jan. 2011 – Jan. 2015
Yasui, Maija	Hood River County Prevention	County	Jan. 2011 – Jan. 2015

Required Total Members: 14
Total Members: 12

What we have:	**What is required:**	**What we need:**
Consumer = 3	Consumer = 3	
Advocate = 2	Advocates = 2	
County = 3	County = 3	
Family = 1	Family = 2	Family = 1
Agency = 3	Agency = 3	
Minority = 0	Minority = 1	Minority = 1

Mid-Columbia Center for Living serving
Sherman, Wasco, Hood River County

Mental Health and Addiction Prevention & Treatment Advisory Board (PTAB) Developmental Disabilities Advisory Board

B Y L A W S

SECTION I: PURPOSE AND RESPONSIBILITIES:

A. As required by the policy of the Mental Health Division, operating under ORS 430.620, Prevention & Treatment Advisory Board (hereinafter referred to as "PTAB") to the Mid-Columbia Center for Living shall be established and maintained.

B. PTAB is a combined advisory board for programs under the jurisdiction of the Community Mental Health Provider (CMHP), Local Alcohol and Drug Planning Committee (LADPC) and Community Developmental Disabilities Program (CDDP) in the tri-counties of Sherman, Wasco and Hood River.

C. The CMHP and CDDP in the tri-counties delegates its responsibility for services to Mid-Columbia Center for Living, an intergovernmental agency serving the tri-counties.

D. PTAB shall be responsible for assisting the Mid-Columbia Center for Living staff and its responsible governing boards in providing the most effective and relevant programs possible to Sherman County, Hood River County and Wasco County.

E. PTAB shall serve as a liaison and facilitator between the communities being served and the Mid-Columbia Center for Living.

F. PTAB shall assess the unmet needs and establish priorities in the community, and make recommendations regarding those needs to the appropriate governing body.

G. PTAB shall make recommendations to staff and the governing boards regarding establishing priorities and utilization of resources.

H. PTAB shall be actively involved and assist in preparation and development of alcohol and drug abuse prevention, early intervention and treatment services applications for funding.

I. PTAB shall serve as an unbiased Board representing the interests of the community in offering its opinions and recommendations when differences arise regarding competing approaches being put forth by the State Division of Mental Health, the County Governments, and the Mid-Columbia Center for Living staff, or other possible groups.

J. PTAB shall serve as a public relations body for the Mid-Columbia Center for Living to the community.

K. PTAB may establish such committees and citizen task groups as deemed appropriate to assist in the effective operations of the Mid-Columbia Center for Living.

L. PTAB should be kept informed and not bypassed in the process of formulating major program policies and decisions, in order to be an effective and functioning board.

M. The Chair of the PTAB shall be responsible to the Tri-County Mental Health Board, and should attend at least annually a Tri-County Mental Health Board meeting.

N.

O. Minutes from the PTAB will be reported to the Tri-county Mental Health Board at each of their meetings.

SECTION 2: MEMBERSHIP:

Members:

A. PTAB and Developmental Disability Advisory Board shall consist of fourteen (14) members:
Three (3) Consumers (MH, A&D, DD)
Two (2) Family Members;
Two (2) Advocates;
One (1) Minority Representative (A&D)
Three (3) County Representatives; and
Three (3) Affiliated with Agency.

B. The Tri-County Mental Health Board shall ratify the appointment of the Chair, based on recommendation from PTAB. County Courts shall appoint a county representative. All remaining members shall be elected through a process designated by PTAB.

C. PTAB members may recommend addition, removal, or replacement of PTAB members to the appropriate board by a majority vote of the members present.

SECTION 3: TERMS:

A. The terms of members shall be three (3) years and there shall be a schedule for expiration of terms so that continuity and effectiveness is not adversely affected by the expiration of terms. Members may be recommended for additional terms by PTAB.

SECTION 4: CHAIRPERSON:

A. At the first meeting after January 1, PTAB shall select from among its members a Chairperson and forward nominations to the Tri-County Mental Health Board for approval. A Vice-Chairperson will also be selected by PTAB.

B. It shall be the responsibility of the Chairperson to conduct the business at all meetings. The Vice-Chairperson shall conduct the business in the absence of the Chairperson.

C. The Chairperson shall be responsible for the general operation of PTAB, including scheduling meetings and establishment of committees.

D. It shall be the responsibility of MCCFL to ensure the preparation of minutes of all meetings and copies of minutes shall be distributed to all PTAB members.

SECTION 5: MEETINGS:

A. The Board shall meet at least six (6) times during the year. Other meetings shall be determined by PTAB.

B. PTAB members and other interested groups shall be informed at least ten (10) days in advance of the scheduled meetings.

C. At the request of the Chairperson or any three (3) PTAB members, an emergency meeting may be called on three (3) days' notice to PTAB members.

D. All meetings shall be open to the public.

E. It shall be the policy of PTAB to comply with both the letter and the spirit of the Oregon open meeting law and Oregon laws concerning public records.

SECTION 6. QUORUM AND VOTING:

A. Fifty-one percent (51%) of the current membership of PTAB shall constitute a

quorum.

B. A motion, to pass, shall have a majority of the members present and voting.

SECTION 7. ATTENDANCE:

A. If a PTAB member cannot attend a Meeting, they should inform MCCFL of absence.

B. Non-attendance at three (2) consecutive meetings regardless of reason shall be reviewed by PTAB, which could recommend dismissal.

PTAB BYLAWS
Updated 2/2011

MCCFL Biennium Implementation Plan 2013 – 2015 LMHA Accountability Measures

Performance Measure	Domain*	Numerator/Denominator *(as defined in the Accountability Metrics for CFAA)	Anasazi SOURCE	Data
a) Access/Number of individuals served	SA, MH, PG (Problem Gambling)	An expected number of served individuals with CFAA funds.	Count of unduplicated clients either served in Unit Types MHS, SPM and ADG (non crisis)	1591
b) Initiation of treatment services – Timely follow up after assessments	SA, MH, PG	Number of individuals served within 14 days of index date/Number of individuals with an index service date. *Index is a start date with no services in the prior 60 days*	Clients opened during 2012 in Unit Types MHS, SPM and ADG. Excluded Assessment-only assignments, Supported Employment and clients served in the prior 60 days within the same program (i.e. MH or AOD).	736/1086 68%
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	SA, MH, PG	Number of individuals who receive two or more services within 30 days of initiation date/ Number of individuals with an index service date. *Index is a start date with no services in the prior 60 days*	Clients opened during 2012 in Unit Types MHS, SPM and ADG. Excluded Assessment-only assignments.	655/1086 60%
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	SA, MH, PG	Number of individuals with a follow up service that starts within seven days of discharge (from hospital or facility based service)/total number of discharges.	Clients with a HURF during 2012 and the Discharge Date field completed. Compared against a count of Progress Notes within 7 days of Discharge Date on HURF.	15/23 74%
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	SA, MH, PG	Number of individuals returning to same of higher level of care within 30 and 180 days/total number of discharges.	Clients with a HURF during 2012 and the Discharge Date field completed. Compared first discharge date with second admission date.	30 days 2/20 180 days 3/20
f) Percent of participants in ITRS reunited with child in DHS custody	SA		Data not available in Anasazi.	NA

g) Percent of individuals who report the same or better housing status than 1 year ago.	SA, MH, PG	Establish that improved housing is a goal of treatment and/or that the person is homeless or in licensed base facility care. Number of clients who improved housing as indicated by a change from homelessness or licensed facility based care to private housing/total number of individuals looking to improve housing.	**Methodology:** Combined two sets of clients: 1. Those with the Goal "Meet Basic Needs" on their Treatment Plan in 2011. Verify MBN refers to housing. And 2. Those with "Homeless" as their Living Arrangement on their enrollment CPMS during 2011. Establish improved/maintained housing either by 1. The Goal "Meet Basic Needs" status changed or remained the same on Treatment Plan or 2. CPMS Living Arrangement data changed. Excluded • Assessment-only or open less than 180 days • Unclear or explicitly non-housing related goals • Open clients without updated TPs • Spanish TPs Challenges/Exclusions • Skewed toward MH. Per Pepe AOD Txt Plans will not identify Housing as a goal. • "Housing" is not option on the Goal Pick List in Treatment Plans. Instead clinicians may choose "Meet Basic Needs". MBN can refer to a wide range of needs, such as financial or food and requires reviewing the Treatment Plan narrative for clarification. Going forward we could add "Housing" to the Pick List if this is recommended. • Living Arrangement Data for the CPMS is only collected at enrollment and termination. If the client is still open cannot determine change in Living Arrangement. (Future CPMS reporting will require quarterly updates to this and other performance measures.) • Treatment Plan may identify Housing as a goal but the enrollment may say "Priv Res" • Training Need – If applicable clinicians need to update Demographic at Closing in order to document change in Living Arrangement. • Training Need – Treatment Plan Problem/Goal/Objectives are at times vague or generic.	12/14 86%

h) Percent of individuals who report the same or better employment status than 1 year ago.	SA, MH, PG	Establish that employment is a goal of treatment. Number of clients who become employed as indicated by a change in employment status/total number of individuals with a goal of becoming employed.	**Methodology:** Identify clients with the Goal "Stable/Desirable Employment" on their Treatment Plan during 2011. Of those, establish who secured employment either by 1. If enrolled in Supported Employment, data from SE coordinators 2. Treatment Plan status, or 3. Closing Demographic/CPMS data. Excluded • Spanish TPs Challenges • Skewed towards MH. Per Pepe AOD Txt Plans will not identify Employment as a goal. • Employment data for the CPMS is only collected at enrollment and termination. (Future CPMS reporting will require quarterly updates to this and other performance measures). • Training Note – – If applicable clinicians need to update Demographic at Closing in order to document change in Employment status.	11/40 28%
i) Percent of individuals who report the same or better school performance status than 1 year ago.	SA, MH, PG	Establish that improved school attendance is a goal. Number of clients who improve attendance while in active treatment/total number of individuals with a goal of improved attendance.	**Methodology:** Identify client with the Goal "Education" on their Treatment Plan. Verify Education refers to school attendance. Of those, establish improved attendance either by 1. CPMS termination 'Improved School Attendance' data. 2. Treatment Plan status Excluded • Spanish TPs • Education goals not related to attendance (i.e. behavior or performance-related goals). • Goals not related to school, but DUII requirements. Challenges • Skewed towards youth. CPMS only tracks education outcomes for Youth not Adults. • "Education" can refer to Improved Behavior, Improved Performance or Improved Attendance. Requires reviewing the Treatment Plan narrative for clarification. • "Education" can refer to DUII Education requirements. Requires reviewing the Treatment Plan narrative for clarification.	9/9 100%

j) Percent of individuals who report decrease in criminal justice involvement.	SA, MH, PG	# of individuals who were not arrested after a period of active treatment or two consecutive quarters (whichever comes first) /#of individuals who were referred to treatment from a criminal justice authority.	**Methodology:** Identify clients with a criminal justice related Referral Source and clients closed in 2012. Excluded • Clients whose termination CPMS arrests = "Unknown" Challenges • Skewed towards AOD. We only track AOD arrests in Anasazi. • Arrests only tracked at enrollment and termination, not during active treatment. (Future CPMS reporting will track MH and AOD arrests on a quarterly basis).	18/23 78%
k) Stay at or below a target ADP (Average Daily Population) of individuals for which the county is responsible in the state hospital psychiatric recovery program.	MH	Based on a rolling three year share of county civil commitments and share of adult population.	ADP target unknown	
l) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	MH	# of people who exceed target LOS/ # of people placed on ready to discharge list of state hospitals.	AMHI	1/3
m) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	SA, MH, PG	See prevention plans	Being completed by prevention partners	

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

Budget Period:
Date Submitted:

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Behavioral Health Promotion and								
	Mental Health							
		Adults	$13,821.05	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$210,000.00	$0.00	$0.00	$100,000.00	$0.00	$0.00
	Problem Gambling		$25,650.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	$16,585.26	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$105,655.02	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$16,234.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$4,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Initiation and Engagement								
	Mental Health							
		Adults	$13,821.05	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$2,998.10	$0.00	$0.00	$0.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$56,705.00	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$11,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health							
		Adults	$204,806.67	$0.00	$0.00	$40,000.00	$0.00	$0.00
		Children	$47,076.61	$0.00	$0.00	$61,145.00	$0.00	$0.00
	Alcohol and Other Drug							
		Adults	$226,820.62	$0.00	$0.00	$0.00	$0.00	$0.00
		Children	$64,938.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$40,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
Continuity of Care and Recovery Management								
	Mental Health		$243,044.00	$0.00	$0.00	$376,787.88	$0.00	$0.00
	Alcohol and Other Drug		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Problem Gambling		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Peer-Delivered Services			$27,642.09	$0.00	$0.00	$20,000.00	$0.00	$0.00
Administration			$1,350.00	$90,000.00	$0.00		$0.00	$0.00
Other (Include Description			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total			$1,332,147.84	$90,000.00		$597,932.88	$0.00	$0.00

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

HOOD RIVER COUNTY PREVENTION SYSTEM 2013-15 BIENNIUM PLANNING

Hood River County Prevention Network is comprised of four interconnected coalitions under the leadership of the Hood River County Commission on Children and Families, a department of Hood River County. The Commission serves as the county prevention planning and assessment of its multiple sectors including Hood River County School District, Providence Hood River Memorial Hospital, The Next Door, Inc. Mid-Columbia Center for Living, CASA, Hood River County Juvenile Department, Law Enforcement, Parole and Probation, Department of Human Services, Hood River County Health Department, Mid-Columbia Council of Governments, New Parent Services, La Clinica del Carino, a local pediatrician, child care provider, faith leaders, private counselor, minority health staff, Oregon Community Foundation representative, Victims Assistance, New Parent Services, early childhood and youth and lay representation. There are 21 active participants in HRCCCF.

Prevention Coalitions include; FAITH CONNECTIONS (18 members) , CASCADE LOCKS AGAINST DRUGS (24 members) , HOOD RIVER COUNTY ALCOHOL TOBACCO AND OTHER DRUG PREVENTION COALITION (35 members) AND HEALTHY ACTIVE HOOD RIVER COUNTY (16 members) . Additional networking across the continuum of health prevention is conducted through the Prevention and Treatment Advisory Board for Mid-Columbia Center for Living (18 members) , Busytown (14 members), a coalition of health care providers, Providence Hood River Community Benefit Board (9 members) and the newly formed CCO network for Hood River and Wasco Counties.

Four of the groups, Faith Connections, CLAD, ATOD and HRCCCF conduct prevention work under the SPFSIG model championed by SAMHSA and CSAP as a best practice process. These four groups have 120 active members, participating in at least one monthly meeting and two major activities of the various coalitions each year. Activities include annual celebrations, Town Hall forums, task force and community work, collaborative training, assessment, planning, implementation and evaluation and fund development. HAHRC works under an advisory model as does the PTAB group but will be doing collaborative planning using the MAPP process.

The Hood River County Prevention Network uses the **Strategic Prevention Framework** which is an evidenced based process that mobilizes community using **assessment, capacity building, planning, implementation and ongoing evaluation at each point for readjustment**. It strives for cultural competency in working with people of all ages, ethnicities, religions, socioeconomic levels, developmental levels and geographically across the rural county. In addition we have adopted the Seven Strategies for Community Change instituted by CADCA across the Institution of Medicine Model of Universal, Selected and Indicated. Strategies for prevention and health promotion include

1. **Providing Information**: educational presentations, workshops, seminars, public announcements, brochures,

2. **Enhancing Skills**: Workshops, designed to increase skills of participants, strategic planning retreats, ongoing programs
3. **Providing Support**: Opportunities to support people to participate in activities that reduce risk or increase protective factors; mentoring, activities, support groups
4. **Enhancing Access/** Reducing Barriers: Improve systems and processes to increase ease, ability and opportunity to utilize systems; assuring healthcare, childcare, transportation, housing, justice, education, safety, cultural and language sensitivity
5. **Changing Consequences: Incentives or disincentives:** Increasing or decreasing probability a specific behavior that reduces risk or enhances protection occurs by altering consequences. Increasing public recognition, business rewards, citations, taxes, fines, loss of privileges.
6. **Physical Design:** Changing physical design or structure to reduce risk or enhance protection; lights, landscape, fencing
7. **Modify/Change Policies, Practices or Procedures:** Formal written procedures, bylaws, proclamation, rules, laws Workplace initiatives, law enforcement practices, public policy, systems change within government, communities, organizations.

The prevention network in Hood River County has focused its efforts on environmental strategies for sustainable change but fills the gaps in the community prevention efforts with best practice programs using Service Element 70 dollars and HRCCCF prevention dollars. The work is comprehensive across the prevention system, with community partners providing information, curriculum, parent and child skill building classes, mentoring, service, problem identification and referral, and early intervention, treatment and aftercare. The prevention network has focused drug prevention efforts on increasing capacity of community partners through training facilitators in best practice programs, enhancing skills in using data, collaborative grant writing and shared funding streams.

The prevention network and its members have received thousands of hours of training in the SPFSIG through the implementation of 10 years of **Faith Connection Coalition** funded through the **Drug Free Communities, 10 years of DFC coalition Si Se Puede 5 years of DFC coalition Cascade Locks Interested In Kids and 2 years with SPFSIG Binge Drinking. Each of the prevention coalitions in the network receive 30 minutes of training at their monthly meetings on SPFSIG/CSAP Strategies, Best Practice Evidenced Based Programs, use of data, risk and protective factors, and social norm techniques.**

DRUG AND ALCOHOL PREVENTION ACROSS UNIVERSAL SELECTED AND INDICATED populations is shown in attached matrix of prevention network providers.
Matrix will be updated as we continue to do a comprehensive assessment of our community partner prevention programs, policies, initiatives and services.

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.

DATA 2011-12 Oregon Healthy Teen and Wellness Surveys

Prevention Network will focus on:

1. **Reducing current alcohol use of youth** as measured at the 6th-8th and 11th grades.
   HRC 6th grade 2012 current use of alcohol 8.6% , 8th=17.2%, 11th =33%.
   Other drug use rates are significantly lower than alcohol,
   tobacco 6th=1.8%, 8th=5.2%,11th=5.1% and marijuana 6th=1.3%, 8th=7.9%, 11th 20%
2. **Reduce binge drinking of youth** as measured at the 6th, 8th and 11th grades.
   2012 HRC 6th grade binge=2.3%, 8th binge= 5.2%, 11th binge=18%.
3. **Target youth between 8 and 14 years of age** (4th through 8th grades)
4. Assist schools in implementing **Heres Looking At You Drug** Prevention curriculum to all 5th graders in district and **Project Alert** to 7th or 8th graders in district.
5. Target **parents** of youth ages 8 to 14 and **youth** with best practice drug and violence prevention education classes **Strengthening Families**.
6. **Use social norm campaign** developed by Oregon "More of Us" to reduce the gap between those youth who perceive that their peers are using alcohol and the actual percentage who report current use or binge drinking measured at 6th,8th 11th grade levels.
   2012 Perceived use of current alcohol 6th=46.3% actual=8.6%.
   8th=Perceived 64% actual 17.3%, 11th Perceived 94.3% actual 33.3%
   2012 Perceived binge drinking 6th=23.6% actual 1.7%, 8th=Perceived 36.2% actual 5%, 11th=Perceived 86.8%, actual 86.8%
7. Support Health Media Clubs at middle and high schools for development of media in norming campaign**.**

DRAFT **EVIDENCE-BASED PROGRAM BEST PRACTICE 2013-2015 Proposed Budget For further modification as detailed community assessment is implemented.**

Evidence-based Program Best Practice	**Projected Funding 2013-15 Draft Budget**	**Outcomes**
Use of Strategic Prevention Framework Process in mobilizing community	AD 70's Funds Training at State Prevention Conference, SPF SIG to maintain $28,500 staffing annually $57,000 biennium	County Prevention Coordinator will receive 40 hours ongoing training annually to maintain current certification.
CPS Certified Prevention Coordinator	Training Budget for coalition members and coalition materials and supplies	At least one staff in prevention office or providing best practice program in a partnering agency will work towards CPS certification. At least one more CPS licensed in Hood River County. At least

	$3,000 annually $6,000 biennium	two facilitators trained in best practice program implemented.
Coalition Projects Materials and supplies	$4,000 annually $8,000 biennium	Coalition incentives to institute environmental strategies
Heres Looking At You	$9,000 annually $18,000 biennium	90% of all 5th graders in district receive curriculum.Pre/ post test scores reflect increased knowledge of refusal skills across 90% of students.90% participate in demonstrating skills in classroom with peers
Project Alert	$7,000 annually $14,000 biennium	90% of all 7th or 8th graders receive curriculum. Pre/post test scores reflect increased knowledge of refusal skills across 90% of students
Strengthening Families	$9,500 annually $19,000 biennially	2-3 classes held annually in combination of English and Spanish. Parent Ladder used as post reflective indicates increased use of rules and logical consequences by 70% of parents and understanding of rules by youth.
Social norm campaign Most of Us/MORe of Us	$9,000 annually $18,000 biennium	Health Media Clubs maintained at Hood River Middle School, Wy'east Middle School, Hood River Valley High School (30) Theater Ads reducing gap between perception of use of alcohol by peers and actual use of alcohol as reported in Oregon Healthy Teen and/or Oregon Wellness Survey. Social norms campaign. Elevate the voice of youth who do not use.

ACROSS COALITION STRATEGIES

Strategies	**Strategies to support and maintain local coalitions.**	**Projected Funding**	**Outcomes**
Provide Information	Coalition staff and prevention coalition members will provide monthly fact sheets at ATOD, HRCCCF, PTAB, HAHRC, CLAD on alcohol, tobacco, marijuana use by youth in Hood River County	**AD 70, Tobacco Prevention SPFSIG**	**Increase awareness of actual use rates of ATOD in coalition. Increase awareness of perception versus actual use rates of ATOD and value of media campaign** **At least 40 youth are engaged**

	Social norm campaign using MORe of Us through Health Media Clubs at middle and high school levels. Monthly newsletter in Spanish and English highlights coalition members accomplishments that leads to reduced use of alcohol, tobacco and marijuana	**AD 70, Tobacco Prevention SPFSIG** **AD 70, Tobacco, SPFSIG**	**annually in Health Media prevention activities. 4 theater ads annually, 2 sticker shock campaigns, attendance at 3 coalition meetings, 2 radio PSA Sp/Eng.** **11 newsletters a year distributed to a minimum of 300 electronic addresses, across four coalitions.**
Enhance Skills	Project Alert Best Practice drug prevention curriculum implemented at 6th-7th-or 8th grades in to 95% in class. Here's Looking At You best practice drug prevention curriculum implemented at the 5th grade level to all 5th graders in the district Strengthening Families best practice drug prevention curriculum engaging parents with youth 9-14 years of age, grades 5-8th . Sp/Eng	$7,000 annually $14,000 biennium $9,000 annually $18,000 biennium $9,500 annually $19,000 biennially	90% of all 7th or 8th graders receive curriculum. Pre/post test scores reflect increased knowledge of refusal skills across 90% of students 90% of all 5th graders in district receive curriculum.Pre/ post test scores reflect increased knowledge of refusal skills across 90% of students.90% participate in demonstrating skills in classroom with peers 2-3 classes held annually in combination of English and Spanish. Parent Ladder post reflective shows increased use of rules,logical consequences by 70% of parents
Enhance Access	Coalitions work to increase early access to treatment through awareness of services. 211 phone and online service directory Prevention coalition network enhances knowledge of local services through collaborative community assessments, trainings, grant opportunities. Support Meet the Funders and grant training projects	Staff dollars AD 70 Tobacco Prevention CCF	Advertise 211 through newsletter, website, at coalition meetings and coalition minutes across network. Tobacco Quit line information included on email signature, minutes, in publications and on websites. ,
Change Consequence Incentive or disincentive	Incentivize agencies, non-profits, government entities and businesses with positive media who access extra training for staff that reduces youth access and exposure to alcohol at	Coalition projects, club stipends, HRCCF	Honor Community Partners through publicity, earned media or at community celebration for implementing policies, practices or procedures that reduce youth access to ATOD, exposure to advertising,

	events or programs. Catch You Being Good, Health Media elevates voice of youth who don't use. Community Celebration Increase awareness of coalition activities and coalition members activities that increased healthy and safe activities. Support law enforcement efforts to work with OLCC on compliance checks of retail stores, bars and restaurants	 AD 70 SPFSIG Staffing and coalition members	sponsorship, of alcohol Annual celebration that gets earned media, highlights success of best practice programs, strategies, community partners who adopt best practice prevention strategies, policies or procedures Check at least 20 alcohol licensees annually
Modify or change policies practices or procedures	Increase events that have policies in place that increase staff and volunteer training on liquor laws, separate with barriers or time alcohol service from minors, increase security at events where alcohol is served to decrease access of alcohol by youth and decrease alcohol served to intoxicated guests. Increase event sites that have policies that support the present liquor laws and its enforcement	Staff Coalition members	. Increase training at 3 events where volunteer servers are utilized. Increase use of security at 4 events and venues with large crowds. Support policy change at city and county level that addresses increased security for alcohol monitoring at events Increase by 4 event sites that have policies that illustrate understanding of liquor laws enforcement, increased security for events and training for voluntary service.

If gambling prevention dollars are awarded to the Prevention Coalition Network we will do a strategic plan on gambling prevention with a focus on youth and adults.

07/2012 – 06/2013 Hood River County Commission on Children and Families Prevention Work

Programs	Youth					Parent	Business	Community
	0-5	6-10	11-13	14-18	18-25			
ATOD ($70,000 year)			X	X		X	X	X
Staffing		X	X	X	X	X	X	X
Meeting / Mobilization		X	X	X	X	X	X	X
Strengthening Families (Sp/Eng)		X	X			X		x
Here's Looking At You All 5th graders in district		X						
Boys/Girls Groups Mid Valley Elementary Wy'east, Cascade Locks, Parkdale		X	X					
Compliance Checks STOP Grant ends 9/2012				X	X		x	x
Health Media Wy'East, Hood River Middle School, HRVHS 40 youth per year, Project Alert			X	X		X	X	X
Community Media		X	X	X	X	X	X	X
School Clubs Policies, Leadership			X	X				
HRCCCF								
Staffing 12/13	X	X	X	X	X	X	X	X
Meeting / Mobilization	X	X	X	X	X	X	X	X
Community Assessment	X	X	X	X	X	X	X	X
Evaluation	X	X	X	X	X	X	X	X
Teen Court			X	X		X	X	X
Work Crew			X	X			X	X
Life Skills			X	X	X	X		
Healthy Start Parenting 0-8	X				X	X		X
BBBS	X	X	X			X	X	X
Lions Grant		X	X	X				X

07/2012 – 06/2013 Hood River County Commission on Children and Families Prevention Work

Programs	Youth					Parent	Business	Community
	0-5	6-10	11-13	14-18	18-25			
Youth Activities 200 youth								
CASA	X	X	X	X		X		X
Mentor for Success			X	X				
Community Ed staff Hispanic Outreach	X	X	X	X	X	X		X
Community Schools	X	X	X	X	X	X	X	X
Child Abuse & Neglect (12/2014)	X	X	X			X	X	X
Contract Staff	X	X	X			X	X	X
Faith Connection (09/2013)						X	X	X
Staff	X	X	X	X	X	X	X	X
Meeting / Mobilization	X	X	X	X	X	X	X	X
Youth Centers		X	X	X	X			
Life Skills				X	X	X		X
Owls		X	X	X		X		
AmeriCorps / Jesuits					X			X
Mentor for Success			X	X				
Art Smart		X	X	X				
Community Park	X	X	X	X		X		X
FISH Food	X	X	X	X	X	X	X	X
Homeless	X	X	X	X	X	X	X	X
Bilingual Pre-School	X					X		X
Peace Camp		X	X	X	X	X	X	X
Alcohol, tobacco free policies	X	X	X	X	X	X	X	X
Suicide Prevention (06/2013)		X	X	X	X	X		X
ASIST					X	X	X	X
RESPONSE					X	X	X	X
Student RESPONSE				X				
Annual Event								X
Hispanic Outreach			X	X		X	X	X

07/2012 – 06/2013 Hood River County Commission on Children and Families Prevention Work

Programs	Youth					Parent	Business	Community
	0-5	6-10	11-13	14-18	18-25			
QPR Trainings						X	X	X
Tobacco	X	X	X	X	X	X	X	X
Staff	X	X	X	X	X	X	X	X
Housing	X	X	X	X	X	X	X	X
Health Media Clubs			X	X	X	X	X	X
Parks Open Spaces	X	X	X	X	X	X	X	X
Work Site Campus					X	X	X	X
Community College				X	X	X	X	X
Events	X	X	X	X	X	X	X	x
Wellness policies	X	X	X	X	X	X	X	X
SPFSIG (06/2014)								
Staff	X	X	X	X	X	X	X	X
Meeting / Mobilization	X	X	X	X	X	X	X	X
Media Campaign				X	X	X	X	X
Alcohol Assessment					X		X	X
Compliance Checks				X	X	X	X	X
Training					X	X	X	X
Alcohol Reward and Reminder					X	X	X	X
Referral SBRT				X	X	X		X
Initiatives								
CPS					X	X		X
Grant Writing				X	X	X	X	X
Sustainability				X	X	X	X	X
Cultural Competency			X	X	X	X	X	X
Collaboration			X	X	X	X	X	X
Social Norms -Assets	X	X	X	X	X	X	X	X
Service		X	X	X	X	X	X	X
Community Mobilization	X	X	X	X	X	X	X	X
SPF/SIG Model	X	X	X	X	X	X	X	X

07/2012 – 06/2013 Hood River County Commission on Children and Families Prevention Work

Programs	Youth					Parent	Business	Community
	0-5	6-10	11-13	14-18	18-25			
Best Practices/Science Based	X	X	X	X	X	X	X	X
Measurable Outcomes	X	X	X	X	X	X	X	X
Environmental Strategies	X	X	X	X	X	X	X	X
Annual Celebrations		X	X	X	X	X	X	X
Training	X	X	X	X	X	X	X	X
Honors Service		X	X	X	X	X	X	X
Cultural Events	X	X	X	X	X	X	X	X

YOUTHTHINK/Wasco County Prevention Coalition has worked with its community partners and coalition members in developing this substance abuse prevention plan. The coalition has utilized the Oregon Healthy Teen Survey, PRIDE survey, Oregon Student Wellness survey in addition to other community and participant feedback resources. The coalition intends to utilize the Community Readiness Model assessment tool during the biennium which will further enhance the coalition's efforts and outreach.

YOUTHTHINK/Wasco County Prevention Coalition utilizes the Strategic Prevention Framework in its implementation which includes:

- Assessment
- Capacity Building
- Strategic Planning
- Implementation
- Evaluation

YOUTHTHINK will utilize the following prevention strategies:

- Information dissemination
- Community Mobilization
- Education
- Alternative Activities
- Environmental Strategies

The Coalition will continue to develop its individual comprehensive awareness and sustainability plan. The Coalition completed its funding with the Drug Free Communities program in 2012 and depends on funding from the state prevention dollars and local community support. The Coalition has been able to continue but understands that to move forward and enhance its efforts it must effectively utilize the above mentioned prevention strategies. In addition, an effective problem identification and referral strategy will be implemented. The Community Readiness Model will assist in this process. On-going outreach efforts, that involve specific partners, will continue to be established that provide financial, in-kind and administrative support.

Through evaluation efforts and assessment tools the coalition has identified two target populations. In an effort to achieve the priority outcomes specific prevention efforts will focus on the following:

- Youth ages 10 – 14 (5th through 8th grade)
- Parents and adults who are involved with youth ages 8 – 14 (3rd through 8th grade)

Priority outcomes include:

- Decrease current use youth rates of alcohol, tobacco, and marijuana and prescription drug misuse.
- Increase youth perception of risk/harm for underage drinking, tobacco and marijuana use and prescription drug misuse.
- Increase youth perception of parental disapproval regarding underage drinking, tobacco and marijuana use and prescription drug misuse.
- Decrease the percentage of binge drinking among county youth.
- Increase the percentage of youth who have never tried alcohol, tobacco, and marijuana or misused prescription drugs.
- Decrease the perception among youth who believe that most youth are using alcohol, tobacco, and marijuana or misusing prescription drugs.
- Increase parental knowledge regarding youth alcohol, tobacco, and marijuana use and prescription drug misuse.

Through the comprehensive efforts of YOUTHTHINK/Wasco County, county residents will see the following benefits:

- Continuation of the prevention and overall reduction of youth alcohol, tobacco, and marijuana use and prescription drug misuse.
- Reduction in substance abuse-related problems in the community and individual communities (such as increase in high school graduation rates, decrease in DUII's and Emergency Room visits, etc.).
- Continued capacity building at the county and individual community levels regarding prevention.
- Permanent funding for prevention efforts.

Prevention funds will be allocated in an 88/12 split between the 1) Prevention Specialist position and a sub-contracted Marketing Consultant and 2) Specific Evidence Based strategies and or programs.

- The first initiative involves the Prevention Specialist and Marketing Consultant positions. Responsibilities will focus on coalition and program development.
- The second initiative will involve implementation of evidence based strategies and programs including the social norms campaign MOST of US, Project Alert, and Reality Tour, etc.

Proposed Initiatives	Proposed Outputs	Proposed Outcomes	Budget
1) Prevention Specialist and Marketing Consultant	**1a)** Completion of Coalition sustainability plan (CM)	**1a**) Prevention Specialist and Marketing Consultant will work with YOUTHTHINK Executive Board to complete the Sustainability Plan that will enable the coalition to exist beyond 2015. **1b)** Plan will include individual sector case statements and cost benefit analysis. **1c)** Plan will include a SWAT analysis. **1d)** Specific partners will be identified and recruited to assist in financial, in-kind and administrative support.	$ 123,200.00
	2a) Monthly Newsletter (ID/ED)	**2a)** Prevention Specialist will produce a monthly education/awareness newsletter. **2b)** Newsletter subscription numbers will increase by 15% (500 to 575).	
	3a) School and Community Teach-Ins (ID/ED/EV)	**3a)** Prevention Specialist will conduct a minimum of 20 school presentations to middle and high school youth that concentrate on underage drinking, marijuana, Rx drugs and MOST of Us perception education. **3b)** Prevention Specialist will conduct a minimum of 8 community presentations that will focus on education/awareness of teen brain science, alcohol and other drug use in the community and positive role modeling. Presentation will be given to groups such as school boards,	

		city council, county court, service clubs and faith community, etc.	
	4a) Successful implementation of Reality Tour events (ID/CM/A/ED)	**4a)** Prevention Specialist and Marketing Consultant will conduct a total of four Reality Tour events with a total of 120 youth and adults being trained. **4b)** Program will include a pre/post tool and will receive an 75% awareness increase score	
	5a) Successful implementation of Parent to Parents program (ID/CM/ED)	**5a)** A minimum of 10 Parent to Parent in-home presentations will be completed. **5b)** Outside evaluator will be consulted to design a program specific tool to evaluate effectiveness of presentations/programs.	
	6a) Implementation of Challenge Day event and positive youth development follow-up activities (CM/ED/EV)	**6a)** Prevention Specialist will work with School District to host a minimum of 4 days of the Challenge Day program. **6b)** Prevention Specialist and Marketing Consultant will create a group of high school student leaders who will create and implement a minimum of 12 positive youth development activities with middle school youth.	
	7a) Completion of a comprehensive Community Readiness Assessment regarding underage drinking and youth marijuana use (ID/CM/ED/EV)	**7a)** Prevention Specialist and Marketing Consultant will utilize the Community Readiness Model tool to assess community readiness and awareness changes surrounding underage drinking and marijuana use.	
	8a) Implementation of the Community Readiness Model in key YOUTHTHINK initiatives/programs (ID/CM)	**8a)** Prevention Specialist will work with outside evaluator to utilize the Community Readiness Model for specific YOUTHTHINK programs such as Parents Who Host Lose the Most, Challenge Day and Reality Tour.	
	9a) Implementation of Parents Who	**9a)** Prevention Specialist and Marketing Consultant will	

	Host Lose the Most initiative (ID/CM/ED/EV) **10)** Saturday Free Family Movie Program (ID/CM/A/ED)	implement the Parents Who Host Lose the Most media campaign. **9b)** Two billboards, minimum of 50 yard signs, 4 banner placements, 50 radio spots and 2 Op-Eds will be utilized. **9c)** MIP alcohol citations during the months of May – August will decrease from current number of 34. **10a)** Prevention Specialist and Marketing Consultant will work with YOUTHTHINK volunteers to implement the Saturday Free Family Movie Program **10b)** Sixteen movies will be shown with 16 separate "Parent Tip" hand outs delivered at each movie. **10c)** Program will average 350 participants per movie.	
2) Evidence Based Initiatives/Programs	**1)** Reality Tour (ID/CM/A/ED) **2)** Project Alert (E) **3)** Challenge Day (CM/A) **4)** Parents Who Host Lose the Most (ID/CM/EV) **5)** Life of an Athlete (ID/ED/EV)	**1a)** Four Reality Tours will be conducted **2a)** The Dalles Middle School and Dufur 6th graders will be trained in Project Alert. **3a)** A minimum of 400 The Dalles Middle School 8th graders will complete Challenge Day program. **3b)** A minimum of 20 high school teen leaders will be trained to conduct Challenge Day follow-up activities. **3c)** A minimum of 12 positive youth development activities will be conducted by high school teen leaders. **4a)** Parents Who Host Lose the Most media campaign initiatives will be conducted during the months of May through August. **5a)** Life of an Athlete program will be implemented in North Wasco and Dufur schools. **5b)** Post Life of an Athlete attitude and behavior survey will	$ 16,800.00 Currently the City of The Dalles has partnered with YOUTHTHINK and has agreed to provide $21,000 per year in funding to directly support YOUTHTHINK programs. This funding source must be requested and applied for

		be conducted in May of each year to help determine improvement in perception of risk/harm of alcohol, tobacco and marijuana to athletic performance. **5c)** Baseline data for athletic code violations due to alcohol, tobacco or other drug use data will be established for both North Wasco and Dufur high schools. **5d)** Number of students receiving athletic code violation due to alcohol, tobacco and other drug use will decrease by 10%. **5e)** By 2015 South Wasco School District will agree to implement Life of an Athlete program.	annually.
	6) Above the Influence (CM/A/ED)	**6a)** A minimum of 50 middle school youth will participate in the Above the Influence project through the Builders Club program. **6b)** A minimum of 3 youth groups will be recruited through the faith community to participate in the Above the Influence project. **6c)** A minimum of 30 youth photos will be produced demonstrating how youth choose to live above the influence and will be displayed in downtown locations.	

Sherman County

2013-2015 Biennial Implementation Plan for Prevention of Substance Abuse and Mental Illness

The Sherman County Commission on Children and Families and Sherman County Prevention have used data from the Student Wellness Survey, that is conducted in our schools during the spring of even numbered years in 6th, 8th and 11th grade classes along with the Oregon Healthy Teens Survey that is conducted in our schools during odd numbered years in 8th and 11th grade classes and the Sherman County Comprehensive Plan to select our priorities for the 2013-2015 Prevention of Substance Abuse and Mental Illness Plan. We will be following SAMHSA's (Substance Abuse and Mental Health Services Administration) Strategic Prevention Framework Components for the prevention of substance abuse and mental illness.

Plan Priorities:

#1 Increase Awareness of Misperceptions of Youth use of Alcohol, Tobacco and other drugs

#2 Increase Communication and Education about the Risk of Harm of Substance use

#3 Increase Youth Attachment to Community and School

#4 Increase Public Awareness of Problem Gambling *(if additional funding received)*

Projected AD 70's Funding: $70,000 per year/$140,000 for biennium

Focus Group: Youth in Kindergarten – 12 grades, parents and community members

EVIDENCE-BASED PROGRAM BEST PRACTICE

Evidence-based Program Best Practice	Projected Funding	Outcomes
CPS Certified Prevention Coordinator	AD 70's Funds SPF-SIG	Coordinator will receive all necessary on-going training to be certified.
Project Alert	AD 70's Commission School District	75% of 7th grade youth participating in Project Alert will demonstrate increased knowledge of refusal skills and misperceptions, risk of harm and dangers of substance use. 75% of 8th grade youth participating in Project Alert will demonstrate increased knowledge of refusal skills and misperceptions and risk of harm of substance use.

COALITION STRATEGIES

Strategies	Strategies to support and maintain local coalitions.	Projected Funding	Outcomes
Alternative Activities	At least three activities will be provided through coordination with the Sherman County School District.	AD 70's Commission JCP School District CCO	50% of youth enrolled in Sherman School District will participate in at least one of the sponsored activities and will demonstrate increased commitment to school through decreased referrals for behavioral issues.
	Age appropriate activities will be provided during the summer months when youth are not in school.	AD 70's Commission OYCC CCO	75% of youth regularly attending activity will demonstrate an increase in knowledge of misperceptions and risk of harm of substance use.
	Alcohol and Drug Free youth activity for graduating Seniors	AD 70's Local Donations	75% of graduating seniors will attend the Alcohol and Drug free graduation event the night of graduation.
Community Awareness and Information Dissemination	Two media campaigns associated with the dangers of underage drinking, tobacco and other drugs use will be provided annually and/or to increase public awareness of problem gambling	AD 70's Tobacco Commission SPF-SIG CCO AD-80	A Community Readiness Survey will be conducted during the biennium to determine community's level of readiness.
	One Community Education Forum will be held each biennium to increase our local community's awareness of the dangers of alcohol and tobacco use among youth and/or to increase public awareness of problem gambling	AD 70's Commission School District AD-80	Parents, youth and community members attending the Community Education Forum will demonstrate a 50% increase in knowledge of misperceptions and risk of harm of substance use and/or 50% increase in knowledge of problem gambling
Coalition Building and Community Mobilization	Coalition members will participate in at least two activities per fiscal year.	AD 70's Commission CCO	75% of Coalition Members will participate in at least two Coalition sponsored activities each year.

	Ongoing education for Coalition Members increasing the awareness of the dangers of underage alcohol, tobacco and other drug use.	AD 70's Commission CCO	Coalition Members will demonstrate a 75% increase in knowledge of misperceptions and risk of harm of substance use.
Coalition Support – Personnel (Administrative Costs)	Reporting, Planning & Record Keeping to include: • Local and State Planning • Fiscal Record Keeping • MDS (Minimum Data Set) Reporting • Annual Prevention Report • Staffing of Prevention Coalition Meeting • Monthly Updates to Commission on Children and Families • Quarterly Reporting to Sherman County Court • Attendance at required SPF SIG trainings Coordination to Include: • Prevention Coalition Meetings • Alternative Youth Activities • Project Alert • Staff and Coalition Member Trainings • Community Forums • Mentoring Activities • Media Campaigns • Coordination with High School and Junior High Leadership Instructor/Advisor and Sherman County School District • Pre and Post Tests for Measured Activities Meeting Attendance to Include: • Sherman County Prevention Coalition • Sherman County Commission on Children and Families • Local Public Safety Coordinating Council • Prevention and Treatment Advisory Board	AD 70's Commission SPF SIG CCO AD-80	Reporting, Planning & Record Keeping: • MDS reporting is complete and up to date • Annual Report is complete and submitted on time. • Biennial Plan is complete and submitted on time. • Any other required reporting is complete and submitted on time. • Staff will attend required SPF SIG Trainings Coordination: • Minutes and Agendas distributed on time • Alternative Youth Activities scheduled and completed • Project Alert scheduled and completed • Trainings scheduled. • Community Forum scheduled and held • Media Campaigns completed • High School, Junior High Leadership and School District wide activities will be scheduled and held • Pre and Post Tests for Measured Activities will be conducted Meeting Attendance: • Staff will attend required meetings

SPF SIG (Strategic Prevention Framework State Incentive Grant): Sherman County has received a SPF SIG training grant in the amount of $20,000 for fiscal years 2012-2013 and 2013-2014. Funds will be used to send staff to required training opportunities provided by the Oregon Health Authority Addictions and Mental Health Services during these two years. The SPF SIG program is one of SAMHSA's (Substance Abuse and Mental Health Services Administration) infrastructure grant programs. SAMHSA's infrastructure grants support an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services. The SPF SIGs, in particular, provide funding to States, Territories, and federally recognized Tribes and Tribal organizations to implement SAMHSA's Strategic Prevention Framework in order to:

- prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking,
- reduce substance abuse-related problems in communities, and;
- build prevention capacity and infrastructure at the State/Tribal/Territory and community levels.

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

Staff will receive training so that they are able to implement The Five Strategic Prevention Framework Steps to systematically:

- Assess prevention needs based on epidemiological data,
- Build prevention capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Cultural Competency Plan: Please see attachment “A”

FILED: 2:00 p.m.
APR 26 2001
LINDA COONE
COUNTY CLERK
BY: [illegible]
DEPUTY
File: 147 Item: 25

Sherman County

Cultural and Gender Competency Policy

Definitions

Cultural Competency....the ability to respond effectively to people of various cultures, ethnic backgrounds, religions, economic statuses, ages, and political affiliations. Policies should affirm and respect the worth of individuals, while preserving dignity. Effectiveness is dependent on an understanding of the community's cultural background and an acceptance of this diversity.

Gender Competency....the ability to promote, educate, and ensure access regardless of gender or sex. Responsive programs acknowledge and incorporate gender and sexual development. Individuals should attain the skills to resist and the ability to overcome the stereotypes, social roles, and norms that hinder personal development. Special attention should be given to women's development and every effort should be made to ensure equality between the sexes, ideally empowering both to pursue interests they enjoy, with no cultural or societal prejudice.

Mission Statement:

To provide Sherman County residents with policies, implementation procedures and services that promote access in a nonbiased manner regardless of sex, gender, religion, culture, ethnicity, handicap, age, political affiliation, economic level, or sexual orientation.

County Demographics

Historically Sherman County has possessed a small number of minorities, less than five percent. This creates a challenging environment to ensure that the minority needs and opinions are not repressed by the vastly larger majority group. In addition the county possesses a large quantity of subgroups; single parent, migrant laborer, life-long farm family, retired widow, business owner, and teenager. These groups often compete for the county's resources and programs. Each group views or assigns worth to the other groups based on a variety of factors including income potential, type of employment, and number of years spent in the community.

Gender and sex issues remain a county concern, particularly for school sex education which is resisted by community members. Children's and family needs are met in the community by collaborating agencies and overwhelming volunteer support. Available childcare services exist, but are limited in both availability and accessibility. This creates a gender barrier since traditionally childcare often is defined as a female responsibility.

Strong community activities exist for youth of both sexes. Predominantly, these activities are sports related, leaving the non-athlete with limited choices.

Service Values

1. *Availability* - services are easily accessed by all community members.
2. *Inclusive* - services bring the various cultures, ethnicities, ages, and sexes together.
3. *Affordable* - services are not tied to economic status.
4. *Community Driven* - services allow for and utilize citizen input.
5. *Empowerment* - services do not create dependence, but instead foster independence.

Strategic Objectives

1. To incorporate cultural and gender policy compliance in all existing county programs and policies, as well as the current organizational structure.

2. Promote new programs that are sensitive to all community groups, especially those that are traditionally underrepresented in society and the local community.

3. Value and enhance cultural diversity and gender equality through county activities, service providers and competitive contract bids.

4. Enhance access to county services and programs for all community members, regardless of cultural or gender background.

Measurable Indicators

1. Encourage on a voluntary basis, two hours of training for all county staff in the area of cultural and gender compliance. This could be provided, but is not limited to the following training formats: In-service Teacher Training, Professional Development Courses, Formal County Staff Workshops, Community Education Classes, Public Library Seminars, and Online College Course Work. Applicable federal and state laws should be discussed in any relevant training course work.

2. Advocate gender (socially ascribed roles) and sex (biological differences) education programs at all educational levels. This should include at a minimum one class hour each year for the K-6 level, one unit (approximately 16 class hours) each year for the 7-8 level, and at least two courses, a semester long, during the 9-12 level education. Classes should contain content relevant to the student's developmental level and could include, but is not limited to the following: videos and lectures addressing inappropriate physical contact by adults or strangers, puberty, sexual anatomy, ascribed social roles for each sex, and intimate relationships.

3. Post requests for proposals and workforce recruitment advertisements that indicate compliance with the Federal Civil Rights Laws (i.e., Title VI and VII Civil Rights Act of 1964, 1991 and Section 504 of the Rehabilitation Act of 1973, as implemented by 45 CFR 84.4 and ORS Chapter 192. OAR's 412-02-020 through 070 Americans with Disabilities) and Oregon's Equal Access for Girl's Statute ORS 417.270.

4. Individuals considered for contracts, employment, boards, and commissions that are culturally and gender diverse should reflect the community's overall population demographics, striking a balance between ethnicity, gender, occupation, education, urban vs. rural, and economic level.

5. Implement a cultural and gender evaluation criteria scoring system for the rating of grant applications, request for funding proposals and contracts. This will help ensure equal access for minorities, gender specific programming, cultural diversity training, and bilingual candidates.

6. Continue monitoring county programs and requiring service providers to track participation on a quarterly basis. Short-term programs that last under six months may be tracked one time at the end of the program. This information will then be compared to the county's demographic composition. Apparent gaps in services to community groups will then be addressed by implementing programs that are more tailored to their specific needs. Particular attention will be given to youth, women, minorities, and other historically disadvantaged groups.

7. Develop programs and materials to better communicate with clients where English is either a second language or an unlearned language. Providing community ESL (English as a Second Language) classes or tutoring and assembling a list of language translators are two possible programmatic solutions.

8. Promote new and existing community programs, that encourage gender equality. Additional programming should aim at increasing childcare availability and the variety of youth activities.

Adopted by Sherman County Court April 18, 2001

Mike McArthur, Sherman County Judge

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: _____MCCFL_____

Program: _____Jail Diversion_____

Budget Item	**Jan. 1, 2014 – Jun. 30, 2014**	**July 1, 2014 – Jun. 30, 2015**
Personnel *(including FTEs, Classification of staff and associated costs)*	56,280	112,560
Travel	2,940	5,880
Equipment	1,308	2,616
Supplies	450	900
Consultants/Contracts	14,400	28,800
Other Costs: (please list)		
Client Supports	7,500	15,000
Training/TA	984	1,968
G&A	7,788	15,576
Totals	**91,650**	**183,300**
Overall Project Cost	**91,650**	**183,300**
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	**91,650**	**183,300**
Number of individuals Intended to be Served	**25-50**	**50-75**

Budget Narrative:

- Please provide a description of the program and any unusual expenditures
- Please provide an implementation timeline for this program.

Program will divert people from county jail. Conduct outreach, intervention, reach in, engagement and discharge planning. Client supports line item for temporary housing, food, clothing and medical support.

Timeline includes hiring in February/March, 2014

Staff training and development – March – June, 2014

Community intercept mapping, community meetings for implementation – June 2014

Data measurement dashboard developed – June, 2014

Program Manual, procedures, implementation completed – July 1, 2014

Mid-Columbia Center for Living
Jail Diversion RFP Budget
Revised for decrease in funding award CP
By Year

	Jail Diversion	
	Year 1 Estimated 12 Months Jan to Dec 2014	Year 2 Estimated 6 Months Jan to June 2015
	RFP Requested Budget	
Direct Charges Labor MH QMHP Specialist	112,561	56,280
Contract Psychiatric Nurse Practitioner	28,800	14,400
Travel and Mileage	5,876	2,938
Office Supplies	900	450
Communications	3,120	810
Client Supports	15,000	7,500
Training and Technical Assistance	1,965	983
Mobile Conferencing		
G and A per employee	15,574	7,787
Total Budget	$ 183,796	$ 91,148

Labor expense includes salary and benefits plus supervision for 1.0 FTE Experianced Mental Health Specialist - OMHP. Salary and Fringe benefits are based on comparable positions at MCCFL.

Contract Psychiatric Nurse Practitioner is planned for 6 hours per week the cost of which includes travel at $100 per hour for 48 weeks per year which is comparable to current Pschiatrist contracts already established at MCCFL.

Travel and Mileage is local mileage incurred by 1 Mental Health Specialist in meeting Community Partners, transporting clients, and handling calls estimated to be 200 miles per week.

Office Supplies - expense includes office supplies, portions of copier leases, and Utilities for 1 FTE.

Communications - represents costs for Phone Service, Internet Service, Utilities and MIS Support. Also included is a monthly cell phone Stipend and one time cost of a laptop computer.

Client Supports - includes temporary housing, food, clothing and medical support of a temporary nature expected to reach 50 clients in the Jail Diversion program.

Training and Technical Assistance - An intense training conference to familarize the Mental Health Therapist with Sequential Intercept training providing a recognized program to implement Jail Diversion successful outcomes.

GandA represents - indirect support for 1 employe for administration of MCCFL based upon a historical allocation of these costs over all employees.

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: __Mid-Columbia Center for Living_____

Program: __Rental Assistance Program_____

Budget Item	**Jan. 1, 2014 – Jun. 30, 2014**	**July 1, 2014 – Jun. 30, 2015**
Personnel *(including FTEs, Classification of staff and associated costs)*	Residential Specialist $89,341 and Peer Support Specialist $59,339	Residential Specialist $134,011 and Peer Support Specialist $89,009
Travel		
Equipment		
Supplies		
Consultants/Contracts		
Other Costs: (please list)	Direct Assistance $180,000 Move in Assistance $30,000 General and Administrative Expense $53,802	Direct Assistance $270,000 Move in Assistance $45,000 General and Administrative Expense $80,703
Totals	**$412,482**	**$618,723**
Overall Project Cost	**$412,482**	**$618,723**
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	**AMH RFP Rental Assistance Investment $412,482**	**AMH RFP Rental Assistance Investment $618,723**

Number of individuals Intended to be Served	12	18

Budget Narrative:

- Please provide a description of the program and any unusual expenditures
- Please provide an implementation timeline for this program.

Time Line

March 2014 – Staff Recruitment and hired.

March 2014 – Development and Implementation Meetings with CGHA.

April 2014 – Identified Participants – Begin financial and MH Status eligibility checks.

April 2014 – Identify potential housing stock.

May 2014 – August 2014 – Begin Lease ups totaling 15.

August 2014 – January 2015 – 15 Additional Lease ups.

Mid-Columbia Center for Living
Crisis RFP Budget
and New Mobile Emergency and Engagement Team Budget
By Year

	Current Crisis Team		Mobile ENE Team		RFP Requested Budget	RFP Requested Budget
	Year 1 Estimated 12 Months Jan to Dec 2014	Year 2 Estimated 6 Months Jan to June 2015	Year 1 Estimated 12 Months Jan to Dec 2014	Year 2 Estimated 6 Months Jan to June 2015	Year 1 Estimated Additional Costs 12 Months Jan 2014 to Dec 2014. RFP Costs for Change in Crisis Team	Year 2 Estimated Additional Costs 6 Months Jan 2015 to June 2015. RFP Costs for Change in Crisis Team
	No Incr from FY2013 2 Original Workers		Staff at 2 More Workers and a Dedicated upervisor			
Direct Charges Labor Crisis Workers	164,526	82,263	337,278	168,639	172,752	86,376
ER On Call	22,520	11,260	22,520	11,260	-	-
ER Called Out	19,844	9,922	13,333	6,667	(6,511)	(3,255)
Supervision	40,482	20,241	116,543	58,271	76,061	38,030
Crisis Transport	10,743	5,371	10,743	5,371	-	-
Travel and Mileage	1,388	694	10,311	5,156	8,923	4,462
Office Supplies	4,689	2,345	9,379	4,689	4,689	2,345
Communications	30,013	15,006	36,633	15,816	6,620	810
Client Supports	3,564	1,782	5,347	2,673	1,782	891
Training and Technical Assistance	-	-	12,000	6,000	12,000	6,000
G and A per employee	35,880	17,940	89,700	44,850	53,820	26,910
Total Budget	$ 333,649	$ 166,825	$ 663,787	$ 329,393	$ 330,137	$ 162,568

Labor expense includes salary for 2.0 FTE Crisis Workers and 2.0 New FTE Crisis Workers. Salary and Fringe benefits was based on comparable positions at MCCFL.

ER expense is seperated into two categories "ER On Call" and "ER Called Out". This represents current MCCFL rates for 2 Crisis Workers for ER On Call time on weekends and weeknights plus MCCFL's experience costs of 2 Crisis Workers "Called Out". We are expecting this cost to be reduced as we dedicate more people to a Mobile Emergency and Engagement Team Concept.

Supervision represents cost of hiring a Direct Supervisor for the new Mobil ENE Team (MEANET) and a level of Supervision from the Mental Health Program Manager.

Crisis Transports includes cost of Secure Transport to a Secure Facility by qualified carrier, based upon experience at MCCFL.

Travel and Mileage is local mileage incurred by 4 Crisis Workers in meeting Community Partners, transporting clients, and handling emergency calls estimated to be 50 miles per day 18,250 miles for 18 months.

Office Supplies - expense includes office supplies, portions of copier leases, and Utilities for 5 FTE's.

Communications - represents costs for Phone Service, Internet Service and ProtoCall Services for Emergencies. Including Cell Phone Stipend and Laptops for all five people

Client Supports - includes temporary housing, food, clothing and medical support of a temporary nature expected to grow as we reach more people.

Training and Technical Assistance - Includes MCCFL training activities with Community Partners, and program evaluation to included process improvement.

GandA represents - indirect support for 5 employees for administration of MCCFL at $9.20 per hour based upon a historical allocation of these costs over all employees.

Mid-Columbia Center for Living
Crisis RFP Budget
and New Mobile Emergency and Engagement Team Budget

	Current Crisis Team	Mobile ENE Team	RFP Requested Budget
	Estimated 18 Months Jan 2014 to June 2015	Estimated 18 Months Jan 2014 to June 2015	Estimated Additional Costs 18 Months Jan 2014 to June 2015
	No Incr from FY2013 2 Original Workers	Staff at 2 More Workers and a Dedicated upervisor	RFP Costs for Change in Crisis Team
Direct Charges Labor Crisis Workers	246,789	505,917	259,128
ER On Call	33,780	33,780	-
ER Called Out	29,766	20,000	(9,766)
Supervision	60,723	174,814	114,091
Crisis Transport	16,114	16,114	-
Travel and Mileage	2,082	10,311	8,229
Office Supplies	7,034	14,068	7,034
Communications	45,019	52,449	7,430
Client Supports	5,347	8,020	2,673
Start Up Training	-	15,000	15,000
G and A per employee	53,820	134,550	80,730
Total Budget	$ 500,474	$ 985,024	$ 484,550

Labor expense includes salary for 2.0 FTE Crisis Workers and 2.0 New FTE Crisis Workers. Salary and Fringe benefits was based on comparable positions at MCCFL.

ER expense is seperated into two categories "ER On Call" and "ER Called Out". This represents current MCCFL rates for 2 Crisis Workers for ER On Call time on weekends and weeknights plus MCCFL's experience costs of 2 Crisis Workers "Called Out". We are expecting this cost to be reduced as we dedicate more people to a Mobile Emergency and Engagement Team Concept.

Supervision represents cost of hiring a Direct Supervisor for the new Mobil ENE Team (MEANET) and a level of Supervision from the Mental Health Program Manager.

Crisis Transports includes cost of Secure Transport to a Secure Facility by qualified carrier, based upon experience at MCCFL.

Travel and Mileage is local mileage incurred by 4 Crisis Workers in meeting Community Partners, transporting clients, and handling emergency calls estimated to be 50 miles per day 18,250 miles for 18 months.

Office Supplies - expense includes office supplies, portions of copier leases, and Utilities for 5 FTE's.

Communications - represents costs for Phone Service, Internet Service and ProtoCall Services for Emergencies. Including Cell Phone Stipend and Laptops for all five people

Client Supports - includes temporary housing, food, clothing and medical support of a temporary nature expected to grow as we reach more people.

Start Up Training - represents cost of Training personnel to respond in different ways than the way our Crisis Team Currently operates.

GandA represents - indirect support for 5 employees for administration of MCCFL at $9.20 per hour based upon a historical allocation of these costs over all employees.

Revenue and Exp Review
Crisis Exp only Charged to SE 025 FY2013
Sum of Activity

Type	SE	Account	Subaccoun	Description	Posted 2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total	
Expense	025	4112	1-MH-000-(	Earnings	1,123	1,499	1,503	1,427	1,681	1,647	1,650	1,697	1,905	6,286	5,653	5,577	31,647	
				Floating Holiday										77		188	265	
				Sick Hours	225	74		73		73	145		5	41	310	155	1,100	
				Vacation (Exempt)	225		69	73	14				21		77	188	666	
			1-MH-000-00-025-0000 Total		**1,572**	**1,572**	**1,572**	**1,572**	**1,695**	**1,720**	**1,795**	**1,697**	**1,931**	**6,405**	**6,040**	**6,107**	**33,678**	
			1-MH-ORE-	Earnings	3,995	4,572	3,957	3,767	3,144	1,994	2,245	2,224	2,233	2,262	2,241	1,952	34,586	
				Floating Holiday												103	103	
				Sick Hours	109	144	50	28	389	271	54		103		21		1,170	
				Vacation (Exempt)	205	471										207	882	
			1-MH-ORE-00-025-0000 Total		**4,310**	**5,187**	**4,007**	**3,795**	**3,534**	**2,265**	**2,299**	**2,224**	**2,337**	**2,262**	**2,262**	**2,262**	**36,742**	
		4112 Total			5,882	6,759	5,579	5,367	5,228	3,985	4,094	3,921	4,267	8,667	8,302	8,369	70,420	
		4116	1-MH-ORE-	Earnings	1,218	1,150	1,230	1,883	1,323								6,803	
			1-MH-ORE-00-025-0000 Total		**1,218**	**1,150**	**1,230**	**1,883**	**1,323**								**6,803**	
		4116 Total			1,218	1,150	1,230	1,883	1,323								6,803	
		4210	1-MH-000-(	MCCFL PERS - OPSRP		219	187	187	209	195	203	192	219	265	214	226	2,315	
			1-MH-000-00-025-0000 Total			**219**	**187**	**187**	**209**	**195**	**203**	**192**	**219**	**265**	**214**	**226**	**2,315**	
			1-MH-ORE-	MCCFL PERS	332	343	322	297	306	297	301	292	306	297	297	297	3,686	
			1-MH-ORE-00-025-0000 Total		**332**	**343**	**322**	**297**	**306**	**297**	**301**	**292**	**306**	**297**	**297**	**297**	**3,686**	
		4210 Total			332	562	508	484	515	492	505	484	525	562	510	523	6,001	
		4220	1-MH-000-(	MCCFL FICA	89	111	93	93	105	98	102	96	102	376	353	364	1,983	
				MCCFL FICM	21	26	22	22	25	23	24	23	24	88	83	85	464	
			1-MH-000-00-025-0000 Total		**110**	**137**	**115**	**115**	**130**	**121**	**126**	**119**	**126**	**463**	**435**	**449**	**2,447**	
			1-MH-ORE-	MCCFL FICA	149	154	144	132	137	132	134	130	137	132	132	132	1,646	
				MCCFL FICM	35	36	34	31	32	31	31	30	32	31	31	31	385	
			1-MH-ORE-00-025-0000 Total		**184**	**190**	**178**	**163**	**169**	**163**	**166**	**160**	**169**	**163**	**163**	**163**	**2,031**	
		4220 Total			294	327	293	279	299	284	292	279	295	626	599	612	4,478	
		4230	1-MH-000-(	MCCFL Worker's Comp	1	1	1	1	1	1	1	1	1	3	3	3	16	
			1-MH-000-00-025-0000 Total		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**3**	**3**	**3**	**16**	
			1-MH-ORE-	MCCFL Worker's Comp	1	1	1	1	1	1	1	1	1	1	1	1	14	
			1-MH-ORE-00-025-0000 Total		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**14**	
		4230 Total			2	2	2	2	2	2	2	2	2	4	4	4	30	
		4250	1-MH-000-(	Health Miscellaneous-MCCFL												454	454	
				HSA MCCFL Emp +F	335	335	335	335	335	335	335	335	335	335	335	335	4,025	
				HSA MCCFL Emp Only												454	454	
			1-MH-000-00-025-0000 Total		**335**	**335**	**335**	**335**	**335**	**335**	**335**	**335**	**335**	**335**	**335**	**1,243**	**4,933**	
			1-MH-ORE-	HSA MCCFL Emp + Child	305	305	305	305	305	305	305	305	305	305	305	305	3,656	
			1-MH-ORE-00-025-0000 Total		**305**	**305**	**305**	**305**	**305**	**305**	**305**	**305**	**305**	**305**	**305**	**305**	**3,656**	
		4250 Total			640	640	640	640	640	640	640	640	640	640	640	1,548	8,589	
		4255	1-MH-000-(	HAS&Veba AllFinal Acct						1,020							1,020	
				Rec Krystin Fix HSA EFT 2849												875	875	
			1-MH-000-00-025-0000 Total							**1,020**						**875**	**1,895**	
			1-MH-ORE-	HAS&Veba AllFinal Acct						1,500							1,500	
			1-MH-ORE-00-025-0000 Total							**1,500**							**1,500**	
		4255 Total								2,520						875	3,395	
		4280	1-MH-000-(	MCCFL Life	0	0	0	0	0	0	0	0	0	0	0	2	6	
			1-MH-000-00-025-0000 Total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**6**	
			1-MH-ORE-	MCCFL Life	1	1	1	1	1	1	1	1	1	1	1	1	7	
			1-MH-ORE-00-025-0000 Total		**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**7**	
		4280 Total			1	1	1	1	1	1	1	1	1	1	1	2	13	
		5200	1-MH-000-(	PR0140 Dec								1,605					1,605	
				PR0140 Jan								2,028					2,028	
				PR0140 March									2,303				2,303	
				PR0140 March stmt									2,204				2,204	
				PR0140 May												2,597	2,597	
				PR0140 Nov								2,140					2,140	
				(blank)	1,740	2,339	2,306	1,776	1,500								9,661	
			1-MH-000-00-025-0000 Total		**1,740**	**2,339**	**2,306**	**1,776**	**1,500**			**5,773**	**4,507**			**2,597**	**22,538**	**These represent protocall for 10 months, use a monthly figure**
			1-MH-ORE-	Apr Missed Alloc										46			46	
				CEN149					18	18	18	18	18	18	18	18	145	
				Cor Dec Alloc Missed						45							45	

Revenue and Exp Review
Crisis Exp only Charged to SE 025 FY2013
Sum of Activity

Type	SE	Account	Subaccoun	Description	Posted 2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total	
				Dist Aug Missed Alloc		78											78	
				Dist Jan Alloc for Missed item							55						55	
				Dist Nov Missed Alloc					60								60	
				Dist Oct Missed Alloc				55									55	
				Dist Sept Missed Alloc			74										74	
				DLD122						12	22	2	11	12	12	11	82	
				Feb Missed Alloc								39					39	
				Mar Missed Alloc									46				46	
				Missed Alloc											47	46	93	
				(blank)		61	60										121	
			1-MH-ORE-00-025-0000 Total			139	134	55	78	75	95	59	75	77	77	76	939	Regular Phone Communications
		5200 Total			1,740	2,478	2,440	1,832	1,578	75	95	5,832	4,582	77	77	2,672	23,477	
		5330	1-MH-ORE-	7/10-8/9/12	79												79	
				CHA123						79	158	79	79		79	79	553	
				(blank)		79	79	158									316	
			1-MH-ORE-00-025-0000 Total		79	79	79	158		79	158	79	79		79	79	948	MIS Support not from G&A
		5330 Total			79	79	79	158		79	158	79	79		79	79	948	
		5610	1-MH-000-(	CAR028					94								94	
			1-MH-000-00-025-0000 Total						94								94	
			1-MH-ORE-	OCT				2									2	
				Apr Missed Alloc										44			44	
				Cor Dec Alloc Missed						37							37	
				Dist Aug Missed Alloc		57											57	
				Dist Jan Alloc for Missed item							57						57	
				Dist Jul Missed Alloc	102												102	
				Dist Nov Missed Alloc					85								85	
				Dist Oct Missed Alloc				26									26	
				Dist Sept Missed Alloc			58										58	
				Feb Missed Alloc								45					45	
				GSS110					5	3	2	2	2	2		2	16	
				Mar Missed Alloc									18				18	
				Missed Alloc											23	50	73	
				QUI100					18	14	27	39	24	53	27	15	218	
				STA105									3				3	
			1-MH-ORE-00-025-0000 Total		102	57	58	28	108	54	86	86	46	98	50	67	841	Office Supplies
		5610 Total			102	57	58	28	202	54	86	86	46	98	50	67	935	
		5620	1-MH-ORE-	Aug		11											11	
				Dist Jul Missed Alloc	40												40	
				Dist Oct Missed Alloc				12									12	
				Dist Sept Missed Alloc			20										20	
				PUR100					13								13	
			1-MH-ORE-00-025-0000 Total		40	11	20	12	13								96	Postage and Delivery
		5620 Total			40	11	20	12	13								96	
		5810	1-MH-ORE-	Cor Batch 004184 Acct & Sub							4,115						4,115	
				Cor Dec Alloc Missed						165							165	
				Dist Aug Missed Alloc		165											165	
				Dist Jan Alloc for Missed item							(3,950)						(3,950)	
				Dist Jul Missed Alloc	165												165	
				Dist Nov Missed Alloc					165								165	
				Dist Oct Missed Alloc				165									165	
				Dist Sept Missed Alloc			165										165	
				Feb Missed Alloc								165					165	
				Mar Missed Alloc									165				165	
			1-MH-ORE-00-025-0000 Total		165	165	165	165	165	165	165	165	165				1,481	Rents
		5810 Total			165	165	165	165	165	165	165	165	165				1,481	
		5820	1-MH-ORE-	Apr Missed Alloc										35			35	
				CAR100 Furnace Repair						13							13	
				CAR100 Furnace System Check						4							4	
				CAR101						18	17	13	32		26	24	130	
				CAR101 April Maint.										24			24	
				CAR101 Labor					18								18	

Revenue and Exp Review
Crisis Exp only Charged to SE 025 FY2013
Sum of Activity

Type	SE	Account	Subaccoun	Description	Posted 2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total	
				COL105 Fire Ext. Service											8		8	
				Cor Dec Alloc Missed						32							32	
				Dist Aug Missed Alloc		96											96	
				Dist Jan Alloc for Missed Item							42						42	
				Dist Jul Missed Alloc	75												75	
				Dist Nov Missed Alloc					39								39	
				Dist Oct Missed Alloc				83									83	
				Dist Sept Missed Alloc			100										100	
				Feb Missed Alloc								24					24	
				HIR102 Fire Alarm System Maint												7	7	
				HIR102 parking lot photo eye												3	3	
				JAN100												8	8	
				Mar Missed Alloc									31				31	
				MCJ110						32	32			32			95	
				MCJ110 Feb janitorial								32					32	
				MCJ110 June Cleaning												32	32	
				MCJ110 Mar Janitorial									32				32	
				MCJ110 November Janitorial					32								32	
				Missed Alloc											70	23	93	
				NOR104									15				15	
				OCT JANITORIAL				32									32	
				PLA125							9						9	
				PLA125 Light Bulbs										1	3		3	
				STO090 Clean system										8			8	
				STO090 Inspect/Maint System					12								12	
				YOU100 Snow Plowing Dec						7							7	
			1-MH-ORE-00-025-0000 Total		75	96	100	115	101	106	100	69	111	99	107	97	1,175	Maintenance
		5820 Total			75	96	100	115	101	106	100	69	111	99	107	97	1,175	
		5840	1-MH-ORE-	7/1-7/31/12	6												6	
				CHR100					3	4	3	3	3	3	5	6	32	
				COB125 Wireless Antenna Instal								31					31	
				Cor Batch 004184 Acct & Sub							(21)						(21)	
				Dist Aug Missed Alloc		50											50	
				Dist Jan Alloc for Missed item							21						21	
				Dist Jul Missed Alloc	32												32	
				Dist Nov Missed Alloc					12								12	
				Dist Oct Missed Alloc				41									41	
				Dist Sept Missed Alloc			36										36	
				HRG100					4	4	4	4	4		9	4	35	
				NOR101						21	31	23	19	13	7	2	116	
				PAC100					27	27	37	28	25	26	26	27	222	
			1-MH-ORE-00-025-0000 Total		39	50	36	41	46	56	76	89	51	42	47	40	612	Utilities
		5840 Total			39	50	36	41	46	56	76	89	51	42	47	40	612	
		6110	1-MH-000-(	CAR066												24	24	
				FIX110 Meds												1	1	
			1-MH-000-00-025-0000 Total													25	25	Medical
		6110 Total														25	25	
		6115	1-MH-ORE-	PEN130 D.W. Case 33356							1,548						1,548	
			1-MH-ORE-00-025-0000 Total								1,548						1,548	In patient Hospitalizations
		6115 Total									1,548						1,548	
		6120	1-MH-000-(	CAR066								152					152	
				EXP130 C.T.							160						160	
				EXP130 G.H.									90				90	
				EXP130 R.C. Transport							200						200	
				MTN120 134045 R.C.							455						455	
				MTN120 134055 C.T.							455						455	
				MTN120 E.G.								385					385	
				MTN120 M.P.										420			420	
				MTN120 R.C.								420					420	
				TDT090										7			7	
			1-MH-000-00-025-0000 Total								1,270	957	90	427			2,745	Food Clothing and Transportation

Revenue and Exp Review
Crisis Exp only Charged to SE 025 FY2013
Sum of Activity

Type	SE	Account	Subaccoun	Description	Posted 2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total	
			1-MH-OHP-	LIF102 Transport Crisis												653	653	
				MTN120 Transport Crisis												770	770	
			1-MH-OHP-00-025-0000 Total													**1,423**	**1,423**	**Crisis Transports**
			1-MH-ORE-	Black	333												333	
				CAR066											239		239	
				CTD100 J.W. Transport										400			400	
				EXP130 Transport D.L.										45			45	
				GOR145								100					100	
				J&R100 A.B.											1,275		1,275	
				LAB130 CT Transport											260		260	
				MTN120 A.C.								1,050					1,050	
				MTN120 CT Transp											805		805	
				MTN120 LC Transp											420		420	
				MTN120 R.C. Transport								420					420	
				Severinson	498												498	
				WAS102 A.B Transport										1,718			1,718	
			1-MH-ORE-00-025-0000 Total		**831**							**1,570**		**2,163**	**2,999**		**7,562**	**Crisis Transports**
			1-MH-PPF-(	MTN120 Transport												210	210	
			1-MH-PPF-00-025-0000 Total													**210**	**210**	**Crisis Transports**
		6120 Total			831						1,270	2,527	90	2,590	2,999	1,633	11,940	
		6130	1-MH-ORE-	CAR066 client motel										40			40	
			1-MH-ORE-00-025-0000 Total											**40**			**40**	**Client Lodging**
		6130 Total												40			40	
		6140	1-MH-000-(	CAR066												120	120	
				HEA118 C.T. May												610	610	
			1-MH-000-00-025-0000 Total													**729**	**729**	**Client Support**
			1-MH-ORE-	(blank)			5	5									11	
			1-MH-ORE-00-025-0000 Total				**5**	**5**									**11**	**Client Support**
		6140 Total					5	5								729	740	
		6410	1-MH-ORE-	Feb Missed Alloc								13					13	
			1-MH-ORE-00-025-0000 Total									**13**					**13**	**Program Supplies**
		6410 Total										13					13	
		6610	1-MH-000-(	ADA106							59						59	
				ADA106 Mileage					129				67		63		259	
				BEC108 Mileage											95		95	
				BRA090 Mileage											26	25	51	
				WHI104 Mileage											23		23	
				WIL085 Mileage						63		33			34	63	193	
			1-MH-000-00-025-0000 Total						**129**	**63**	**59**	**33**	**67**		**241**	**88**	**680**	**Worker Mileage**
			1-MH-ORE-	ADA106 Mileage								58		66			123	
				BEC108 Mileage										71			71	
				Mileage		46											46	
				WIL085 Mileage										68			68	
				WIL095 mileage						20							20	
				(blank)	88	62	124	44	62								381	
			1-MH-ORE-00-025-0000 Total		**88**	**108**	**124**	**44**	**62**	**20**		**58**		**205**			**708**	**Worker Mileage**
		6610 Total			88	108	124	44	191	83	59	90	67	205	241	88	1,388	
		6650	1-MH-000-(	CAR028					15								15	
			1-MH-000-00-025-0000 Total						**15**								**15**	**Client Support**
		6650 Total							15								15	
		7330	1-MH-ORE-	Apr Missed Alloc										32			32	
				Cor Batch 004184 Acct & Sub							21						21	
				Cor Dec Alloc Missed						11							11	
				Dist Aug Missed Alloc		28											28	
				Dist Jul Missed Alloc	45												45	
				Dist Nov Missed Alloc					42								42	
				Dist Oct Missed Alloc				40									40	
				Dist Sept Missed Alloc			46										46	
				Feb Missed Alloc								21					21	
				Mar Missed Alloc									21				21	
				Missed Alloc											21	21	42	

Revenue and Exp Review
Crisis Exp only Charged to SE 025 FY2013
Sum of Activity

Type	SE	Account	Subaccoun	Description	Posted 2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	2013-09	2013-10	2013-11	2013-12	Grand Total	
				PAC110										5			5	
				PIT100						17						17	35	
				PIT100 2693720									17				17	
				USB110						7	7	7				7	28	
				USB110 Canon Copier December					7								7	
				USB110 Canon Copier November					7								7	
				USB110 Canon Lease											7		7	
				USB110 Equip Lease										7			7	
				USB110 Lease									7				7	
			1-MH-ORE-00-025-0000 Total		45	28	46	40	57	36	28	28	46	44	28	46	472	Office Supplies
		7330 Total			45	28	46	40	57	36	28	28	46	44	28	46	472	
	025 Total				11,571	12,512	11,326	11,094	10,374	8,577	9,119	14,304	10,966	13,695	13,684	17,409	144,631	
Expense Total					11,571	12,512	11,326	11,094	10,374	8,577	9,119	14,304	10,966	13,695	13,684	17,409	144,631	
Grand Total					11,571	12,512	11,326	11,094	10,374	8,577	9,119	14,304	10,966	13,695	13,684	17,409	144,631	

Per 12 Months	
28,932.52	Communications
4,689	Office Supplies
10,743	Crisis Transports
3,564.34	Client Supports
1,388	Worker Mileage
49,317.18	Total
49,317	Check

Wage and Benefits by Management Area
Current Wages for first three months of FY2014

Sum of Activity			CalMoYr				
PL Cat	**SE**	**Employee**	**Jul-13**	**Aug-13**	**Sep-13**	**Grand Total**	
Benefits/OPE	025	Craig Schlarb	664	863	839	2,366	
		Frederick Williams	779	1,029	904	2,712	
		Krysten Fix	770	1,039	898	2,707	
	025 Total		2,213	2,931	2,641	7,785	
Benefits/OPE Total			2,213	2,931	2,641	7,785	
Wages/Earnings	025	Craig Schlarb	1,782	1,936	2,281	5,999	34% of Time
		Frederick Williams	2,262	2,262	2,262	6,785	50% of Time
		Krysten Fix	4,108	4,358	4,148	12,613	100% of Time
	025 Total		8,151	8,555	8,690	25,397	
Wages/Earnings Total			8,151	8,555	8,690	25,397	
Grand Total			10,365	11,487	11,331	33,182	

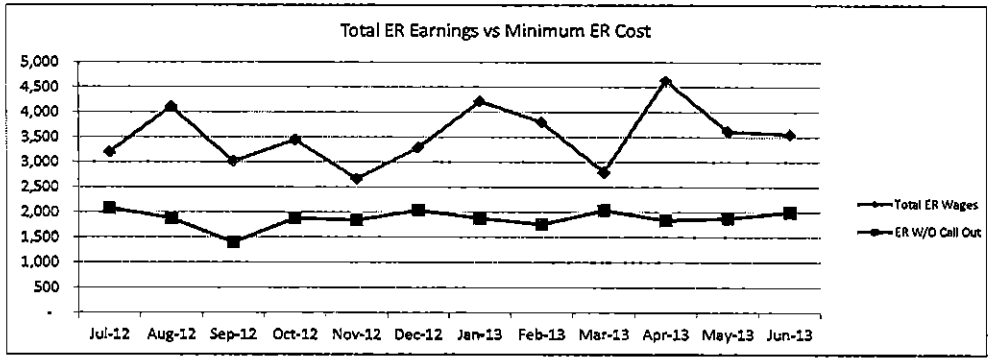
Estimate of Wage and Benefits for two full time Crisis Workers FY2014	Yearly	
Wages 2 FTE's	107,746	65.49%
Benefits	56,780	34.51%

MCCFL
Earnings July 2012 thru June 2013 Earnings
ER Earn Deduct Code Date
Employee's wages to ER

Employee Name	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	ER Total FY2013
Alexander P. Barton							250.00	60.00	40.00				350.00
Craig Schlarb	40.00	1,057.50	230.00	230.00	435.00	390.00	610.00	320.00	305.00	135.00	570.00	900.00	5,222.50
Elizabeth C. White	445.00		185.00							535.00			1,165.00
Elizabeth E. Barteld	227.50	785.00	590.00	220.00	450.00	230.00	725.00	829.50	335.00	620.00	1,002.44	955.00	6,969.44
Frederick Williams	402.50	790.00	457.50	80.00	224.00	80.00	150.00						2,184.00
Jennifer D. Adkins						25.00							25.00
Jeremy Anderson	200.00	320.00											520.00
Lisa Roth-Balsden										40.00		220.00	260.00
Lucia B. Gonzales		250.00		400.00	30.00		512.50	285.50		1,010.00			2,488.00
Monique M. Adams	342.50	265.00	790.00	807.50	692.50	1,065.00	427.50	442.50	1,057.50	815.00	567.50	285.00	7,557.50
Nicole B. Ford	160.00	565.00	440.00	117.50		80.00	40.00		310.00		430.00		2,142.50
Richelle Wilhite	515.00			957.50	630.00	650.00	460.00	665.00	557.50	390.00	547.56		5,372.56
Sarah Lundy	222.50		180.00		120.00	185.00	160.00	285.00		170.00	200.00	80.00	1,602.50
Stephen J. Bradley	642.50	80.00	140.00	640.00	80.00	585.00	885.00	915.00	195.00	927.50	295.00	1,120.00	6,505.00
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
Total ER Wages	3,198	4,113	3,013	3,453	2,662	3,290	4,220	3,803	2,800	4,643	3,613	3,560	42,364
ER W/O Call Out	2,080	1,880	1,400	1,880	1,840	2,040	1,880	1,760	2,040	1,840	1,880	2,000	22,520
Est Called Out Pay	1,118	2,233	1,613	1,573	822	1,250	2,340	2,043	760	2,803	1,733	1,560	19,844
Est Hours Called Out	31.93	63.79	46.07	44.93	23.47	35.71	66.86	58.36	21.71	80.07	49.50	44.57	566.97

This figure may go up if we take on more contacts instead of First Responders

Estimated 18 Months Jan 2014 to June 2015 No Incr from FY2013	Estimated 18 Months Jan 2014 to June 2015 Staff at 2 Workers	Estimated 18 Months Jan 2014 to June 2015 2 Wkrs plus 25% Crisis Contacts
63,546	127,092	141,975
33,780	67,560	67,560
29,766	59,532	74,415
850	1,701	2,126



MCCFL
Loaded Labor Rate
Rates Budget FY 2014

	Crisis Worker				Crisis Supervisor				Craig Schlarb			
Salary	53,875.00				66,070.86				73,529.16			
FICA	3,340.25				4,096.39				4,558.81			
FICAM	781.19				958.03				1,066.17			
Health Ins	12,266.52				12,266.52				12,266.52			
Life Ins	14.40				14.40				14.40			
PERS	6,114.82				7,499.06				8,345.57			
W Comp	455.30				455.30				455.30			
HAS	3,000.00				3,000.00				3,000.00			
Unemployment	1,279.30				1,279.30				1,279.30			
FTE Cost	81,126.78	Salary	53,875.00		95,639.86	Salary	66,070.86		104,515.23	Salary	73,529.16	
FTE Hours	1,950.00	Benefits	27,251.78	51%	1,950.00	Benefits	29,569.00	45%	1,950.00	Benefits	30,986.07	42%
FTE Cost Per Hour	$ 41.60	Total	81,126.78		$ 49.05	Total	95,639.86		$ 53.60	Total	104,515.23	
1st Level Sprvn per hour	3.24	Estimate they will have a superviso			20,903.05	use Craig Schlarb current wage and benefits divided t			First Level Supervision is Included with G&A because ED is Supervisor			
2nd Level Sprvn per hour	7.14	None this is being added to Supervisor				2nd Level Supervision is Included with G&A because ED is 2nd Level Supervisor						
Total FTE Cost Per Hour	$ 51.98				$ 59.77	Cost of Supervision			$ 53.60			
G&A Materials & Supplies	1.83				1.83				1.83			
G&A Capital (4 Years)	0.55				0.55				0.55			
G&A Salary and Benefits	6.82				6.82				6.82			
FTE Cost with MS and Capital	$ 61.18				$ 68.97				$ 62.80			
Full Year Cost	$ 119,307.78				$ 134,482.91				$ 122,455.23			

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: _____MCCFL_____

Program: _____Mobile Crisis_____

Budget Item	**Jan. 1, 2014 – Jun. 30, 2014**	**July 1, 2014 – Jun. 30, 2015**
Personnel *(including FTEs, Classification of staff and associated costs)*	124,406	248,813
Travel	4,462	8,923
Equipment	810	6,620
Supplies	2,345	4,689
Consultants/Contracts	6,000	12,000
Other Costs: (please list) Client Supports G & A ER call out reduction	 891 26,910 (3,255)	 1,782 53,820 (6,511)
Totals	**162,568**	**330,137**
Overall Project Cost	**329,393**	**663,787**
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	**329,393 AMH**	**663,787 AMH**
Number of individuals Intended to be Served	**unknown**	**unknown**

Budget Narrative:

- Please provide a description of the program and any unusual expenditures
- Please provide an implementation timeline for this program.

Provide Mobile Crisis response in tri-county region.

Timeline:

Early Development – January – March, 2014

Recruit and Hire – February – May, 2014

Early program Implementation – April – July, 2014

Sustained program – July – January, 2015