

Polk County Mental Health and Addiction Services (PCMHAS)
Biennial Implementation Plan 2013 – 2015

Section 2. Community Needs Assessment

a) Describe the community needs assessment process, including the role of peers and family members in the design and implementation of the process.

PCMHAS and Marion County Health Department partnered to create and carry-out a consumer survey aimed at identifying strengths and areas of improvement. We reached out to peers and consumer advocates through

1. Meeting discussions with Willamette Valley Community Health's (WVCH) Work Group comprised of representatives for Willamette Valley Provider's Health Authority (WVPHA), OSU Extension, Children's Health Alliance (CHA), Children's Health Insurance Plan (CHIP), and Marion and Polk's BIP Needs Assessment Team. The work group included peer representatives and consumer advocates who serve on WVCH's Consumer Advisory Council.
2. The survey was piloted at WVCH Consumer Advisory Council Meeting on June 13, 2013.
3. The survey tool was modified based on input from the above groups.
4. The final survey
 - Gathered demographic information including age, gender, race, language spoken in home and zip code;
 - Asked for specific and separate feedback related to Crisis Services, Mental Health Services, Addiction Services
 - Sought input on ease of access to services
 - Sought input on areas needing improvement
5. The BIP Needs Assessment Team followed the advice of the above groups in how the survey tool was distributed.

PCMHAS' surveys were administered online with promotion and links placed on the county's website with a goal of reaching consumers, peers, providers and community partners. The survey was also made available in PCMHAS clinic location waiting rooms and distributed by Community Support Services Case Managers to consumers in the community.

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

This is the first year Marion and Polk counties partnered to develop and administer the BIP Needs Assessment. Our intention in partnering was to recognize new alignments under Willamette Valley Community Health and to attempt to compare/contrast community service needs with an eye to maximizing the positive. We learned a couple of lessons in this first partnership which Polk hopes will strengthen future joint efforts under WVCH direction and toward meeting CCO performance improvement measures.

First lesson, the survey collection and analysis tool did not have an option to break out responses based on county where service was received. Second lesson, we did not offer translated versions of the survey tool. At least a Spanish version will be included in our future efforts.

PCMHAS lost a longtime leader, Geoff Heatherington, to retirement on July 1, 2013. Geoff has historically taken the lead in BIP processes. His absence along with other changes in PCMHAS organizational structure resulted in a delay in completion of tasks related to implementation of needs assessment follow-up. We believe the structure is now in place for us to utilize data to improve our systems.

Data collection targeted special service areas including crisis, adult and child mental health, and addiction services. Responses addressed ease of access, satisfaction levels, and areas of concern. Finally, respondents were asked to identify their top three areas needing improvement. Within the limitations stated in the paragraph above, Polk applied data received from the survey to determine areas of needs and strengths in the joint county system as delineated in the following table. Information sharing with Polk County Public Health, Health Advisory Board and Quality Assurance and Improvement Committee will be part of the whole process. Discussions are aimed at sharing what's going well and identifying next steps to assure improvement process is developed for areas of concern.

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

Within the limitations stated in the paragraphs above, Polk applied data received from the survey to determine areas of needs and strengths in the joint county system as delineated in the following table. Information sharing with Polk County Public Health, Health Advisory Board (HAB) and Quality Assurance and Improvement Committee (QAIC) will be part of the total process. HAB and QAIC each have consumer advocates. Discussions are aimed at sharing what's going well and identifying next steps to assure improvement process is developed for areas of concern.

Section 3. Strengths and Areas for Improvement

Based on the Community Needs Assessment, please indicate where there are strengths or areas for improvement in each of the areas below.

		Plan to Maintain Strength or Address Areas
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Area	Strength or Area for Improvement	Needing Improvement
a) Mental Health Promotion	<p>1) PCMHAS has information and intake forms available on the county website. This is seen as a strength.</p> <p>2) Expanding relationships with physical health providers and upcoming placement of a Behaviorist in a local PCP clinic will further promote MH services.</p>	<p>1) Promotion of fillable/downloadable website information and forms is being developed.</p> <p>2) Kick-off of Behaviorist housed in PCP clinic is set for September 2013.</p>
b) Mental Illness Prevention	<p>1) EASA programs received specific mention and praise for their work to educate, partner, and prevent relapse for young people experiencing psychosis-related illness.</p> <p>2) Nearly 75% of respondents report easy access to MH services and positive experience when they enter the program. This is extrapolated to mean they are supported and better able to reach baseline, remain stable and make progress toward recovery.</p>	<p>1) Continue to meet EASA fidelity.</p> <p>2) Use upcoming Annual Consumer Survey to further define barriers for about 25% of respondents who reported some difficulty in accessing services. (It is important to note here that PCMHAS has 100% access to service within 14 days of request of service.)</p>
c) Substance Abuse Prevention	<p>Nearly 84% of respondents reported Addictions Services met their expectations and just over 74% reported the found services “very helpful” and 23% states treatment was “somewhat helpful.”</p>	<p>Polk County’s Service Integration Team houses the Addictions Prevention staff and activities. Prevention staff and PCMHAS Addictions Supervisor share information regularly through the LAPDC.</p>
d) Problem Gambling Prevention	<p>See c) above. Problem Gambling was not split out from Substance Abuse questions.</p>	<p>See c) above. Problem Gambling Prevention is provided through the Service Integration Team’s Prevention staff.</p>
e) Suicide Prevention	<p>25% of survey respondents reported receiving Crisis Services. Just over 52% reported it took one call to access those services. About 17% report it took two calls and the remaining 23% report it took three or more calls. This is an area for improvement. It is our intention that every crisis situation be handled with the first contact.</p>	<p>It is important to note again that the responses were not filtered between Marion County and Polk County. We do know that 16% of respondents reported living within a Polk County zip code. An action plan will be developed to increase awareness and response time for Crisis. This will include promotion aimed at prevention and response.</p>

<p>f) Treatment:</p> <ul style="list-style-type: none"> ▪ Mental Health ▪ Addictions ▪ Problem Gambling 	<p>Survey responses indicate: 98% report a positive experience with MH 77% report a positive experience with A&D and 17% report a neutral experience. Problem Gambling was included with Addictions on the survey tool.</p>	<p>Treatment responses were very positive. PCMHAS will continue to focus on person-centered treatment. Efforts to maintain positive outcomes will focus on integration of physical health through improved communication with providers in both the MH and Addictions areas.</p>
<p>g) Maintenance/Recovery Support (include specifics pertaining to mental health, addictions and problem gambling treatment.)</p>	<p>No specific information was addressed in this area on the Needs Assessment. PCMHAS has historically achieved a very low psychiatric hospitalization rate. This would indicate consistently excellent maintenance/recovery outcomes in MH.</p>	<p>PCMHAS will review methods to track maintenance/recovery efforts specifically pertaining to MH, addictions and problem gambling treatment as part of our ongoing quality improvement process.</p>
<p>h) The LMHA's Quality Improvement process and procedure</p>	<p>PCMHAS incorporated changes to their QI process based on feedback from State Medicaid Auditors in January 2013.</p>	<p>The QI process improvements will be reviewed and discussed at QAIC with ongoing follow-up reports to the Health Advisory Board...</p>
<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p>Survey comments indicate a desire for more job search services. PCMHAS provides jobs support for EASA individuals but not much to other individuals. PCMHAS has strong partnerships with corrections, other social services</p>	<p>PCMHAS is exploring possibility of offering occupational therapy assessments to individuals outside the EASA program. This service is expected to increase individuals' ability to seek appropriate employment.</p>
<p>j) Behavioral health equity in service delivery</p>	<p>Access and equity is strength of PCMHAS. We are working diligently and making progress in integrating physical health information for better overall individual outcomes. We have procedures in place for sliding-fee, client-billing exceptions, and case management assistance to help individuals access all of the benefits for which they are eligible.</p>	<p>Steps taken so far include EHR selection tab to automatically share relevant MH notes and medication changes with PCPs; placement of a Behaviorist in a local PCP clinic; monthly participation on the CCO's multi-disciplinary team.</p>
<p>k) Meaningful peer and family involvement in service delivery and system development</p>	<p>PCMHAS addresses natural support systems in every assessment. Staff, with a release from the individual being served, provides formal and informal psycho-education to natural support systems.</p>	<p>Maintain focus on development of peer support processes. Continue to support existing OFSN Advocate involvement with New Solutions.</p>

	<p>PCMHAS is in contract development phase with Project ABLE. The desired outcome is Project ABLE providing Peer Wellness Specialists to support individuals with serious mental illness to live more independent lives. Ways to add Addictions Recovery Mentors to the treatment team are also being explored. Family Support Network Advocates actively work with New Solutions families.</p>	
l) Trauma-informed service delivery	<p>PCMHAS clinic supervisors are participating in MVBCN's process to develop Trauma-informed service delivery model.</p>	<p>Continue work to integrate trauma-informed services through staff training, performance audits and supervision.</p>
m) Stigma reduction	<p>No comments from the survey. Discussions on stigma and stigma reduction occur regularly in staff meetings.</p>	<p>Continue to educate the populations we serve and maybe even more importantly the public to help them accept mental illness as an illness just like diabetes or heart disease. Pay attention to coachable moments with any and all interactions internally and externally and for all levels of staff.</p>
n) Peer-delivered services, drop-in centers and paid peer support	<p>PCMHAS continues to offer support to New Hope Community Outreach Center, our local consumer-run organization. As noted above we are working to expand availability of paid peer support.</p>	<p>Continue work to finalize Project ABLE contract and to make Recovery Mentor resources available to the Addictions population.</p>
o) Crisis and Respite Services	<p>PCMHAS developed a local respite bed over the past year at Fir Hill RTH. We also use a local motel, located just next door to our offices, when an individual is assessed safe to be on their own. Finally, we have a contract with Marion County's PCC Respite Program and use it as needed.</p>	<p>Survey results did not identify problems with respite services. We feel the range of respite placements at our disposal make this program a strength. We will maintain present range of choice and expect continued success.</p>

Addictions and Mental Health Division
January 21, 2014

Biennial Implementation Plan Amendment Template

CMHP: Polk County Behavioral Health

Program: Jail Diversion Program

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel <i>(including FTEs, Classification of staff and associated costs)</i>	\$21,203	\$63,610
Travel	\$625	\$1,875
Equipment	\$0	\$0
Supplies	\$2,651	\$5,303
Consultants/Contracts	\$0	\$0
Other Costs: (please list)		
Emergency Medications	\$167	\$333
Vouchers – Food/Necessities	\$500	\$1,000
Fees for Identification	\$167	\$333
Client Transportation	\$167	\$333
Housing	\$5,326	\$10,652
Respite/stabilization		
Totals	\$6,327	\$12,651
Overall Project Cost	\$30,806	\$83,439
Revenue Identify expected revenues; i.e., Medicaid billing/encounters)	\$0	\$0

Number of individuals Intended to be Served	80	180
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Budget Narrative:

Jail Diversion BIP Narrative

Polk County Behavioral Health (PCBH) was recently awarded a Jail Diversion Award of \$114,245.00. The timeline for this project is approximately 12 months. The goal for this award is to integrate strategies of Sequential Intercept Model, a national model of jail diversion, into PCBH's ongoing crisis program. Focusing on Intercept 1 of this model, which proposes crisis program should work closely and collaboratively with local law enforcement agencies, will develop better community solutions for managing serious behavioral health issues leading to low level criminal offenses. A large part of the national model includes the development of Crisis Intervention Training (CIT) strategies. The model also emphasizes a collaborative approach to developing these plans and recommends training and cross training, joint programming, blended funding and information sharing.

The focus of the plan is to strengthen the current level of PCBH's involvement with law enforcement; at the same time maintaining the existing level of participation with the jail/community corrections and the courts. The initial emphasis on building the relationship between PCBH and law enforcement helps facilitate connections in other overlapping areas of service with community partners. This grant represents a stepping stone for future grants in this area of the criminal justice/legal system and behavioral health (i.e. mental health and substance abuse). Providing CIT training for team members will offer a consistent starting point. Included in the implementation plan are data collection expansion and devising a sustainable model, which is critical for future planning.

Overview of elements of the award program:

The program will dedicate .25 of a QMHP (FTE) of a crisis counselor and .50 of a QMHA (FTE) case manager. The grant will also utilize current "in-kind" services of .25 QMHP crisis counselor and .25 Office Support staff (the latter to work towards data collection). A travel and training budget; and a supplies budget will support both the collaborative planning process and the development of the CIT training. Specifically, this grant builds in funding for emergency medication, vouchers for food and other necessities, for transportation, including bus tickets and gas cards, and for financial support towards securing identification cards, birth certificates and other necessary paperwork to secure benefits. Many

individuals who suffer from serious behavioral health conditions are often homeless or displaced; there is a budget for short term housing. PCBH will allow the collaborative process to help direct and form the program's overall response. The suggested project timeline is to be fully active from June 2014-June 2014, but supervisory planning and staffing determinations would occur in the two months prior. "Next steps" will be to meet with local law enforcement agencies, i.e.: Dallas P.D., Monmouth P.D., Independence P.D. and Polk County S.O., to determine law enforcement needs and the match with PCBH's limited resources.

Jail Diversion Implementation Timeline

RFP# 3693

Proposer Name: Polk County Behavioral Health

<u>Interventions:</u>	Time period
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<p>Agency Pre-Grant Activities</p> <p>Polk County Behavioral Health (PCBH) Supervisors will:</p> <ul style="list-style-type: none"> • Communicate program interventions and goals to Polk County Board of County Commissioners and other key PCBH leadership groups. • Identify community partners with Intercept 1, of Sequential Intercept Model. <ul style="list-style-type: none"> ○ Identification of appropriate partners and representatives. ○ Identify PCBH staff to be assigned - QMHP and QMHAs. ○ Identify dedicated law enforcement personnel. • Connect with local/national established programs in other areas. <ul style="list-style-type: none"> ○ Obtain information on "what works" and challenges. ○ Obtain general outlines of CIT training formats. ○ Understand various agencies successful program implementation and how replicate a successful model for rural Polk County. • Model Polk County's program after other successful mapping processes for rural areas. <ul style="list-style-type: none"> ○ Utilize existing local area planning meetings to announce the program, key program elements and expected outcomes and goals. 	<p>February 3 to June 30, 2014</p>
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- Consult and work with current “2nd Chance Project” staff to identify gaps in services and “what works”.
- Identify program coordinator (PC).

First Quarter Activities:

- Staff familiarizes themselves with the Sequential Intercept Model, and the critical goals of Intercept 1 – Law Enforcement.
- PC coordinates internal discussions and planning sessions to establish:
 - List of key participants for the collaborative process;
 - Location, date, time and structure of collaborative process.
- PC does outreach to local cultural groups to assure that collaboration includes diverse participation.
- Register participants for National Training in CA - October, 2014.

- Review and discuss the Sequential Intercept Mapping process. Collaboration process established and meetings begin:
 - Work with Partners to identify first/next steps;
 - Enhance relationships between PCBH staff, law enforcement agency staffs.
 - Determination of meeting schedule.
 - Develop a needs assessment and identify gaps in current available services.
 - Utilize regularly scheduled meetings to collaborate on development of a plan.
 - Identify appropriate access points for client needs as determined by law enforcement/CIT.
 - Assess effectiveness of area plan for training, community involvement and therapeutic response alternative for Intercept 1.

June 1 to August 31, 2014

Second Quarter Activities

- Establish criteria for development of crisis intervention teams (CIT) to support law enforcement response.
 - Identify current responses to behavioral health crisis.
 - Identify community agency response needs not being met with current programming.
 - Identify CIT training program for staff and law enforcement depending upon specific needs.
 - Include in training for alternative processes when working with individual with mental health issues.
 - Identified participants attend the National Convention and return to share with the collaboration.
 - Increase knowledge of PCBH and all partner staff to better understand each others agency missions and requirements.
 - Promote multidisciplinary effective problem solving with identified population.

September 1 to November 30 2014

- Identify underserved populations with mental illness and/ or co-occurring substance abuse problems.
 - Utilize state specified mental health criteria.
 - Consider local cultural client needs.
- Train law enforcement staff, dispatch workers, other identified agency staff on issues surrounding crisis, mental health (i.e. trauma informed, psychotic disorders) and substance abuse.
 - Provide training and printed materials educating law enforcement about confidentiality issues and HIPPA, and 42 CFR Part 2.
 - Educate community and law enforcement of Release of Information (ROI) and information sharing protocols according to OARs and Federal Rules.
 - Identify information sharing for individuals in crisis/emergency situations.
 - Identify and complete written protocols for information sharing for multiple situations. Develop program specific releases as needed.
 - Begin training with all identified partners.
 - Begin implementing the strategies and interventions in the community (i.e. mobile response, individuals referred to services, case management is implemented, etc.).
 - Decrease number of arrests for identified population.
 - Identify the data needed and the process to track it.
- Create MOU's; establish effective agreements between law enforcement agencies and mental health care providers as well as clearly identified goals and expectations for all stakeholders.
- Explore areas to increase Police discretion and Behavioral Health response.
 - Improve officer discretion and behavioral health response.
 - Improve officer discretion for cite and release cases.
 - Mobile crisis team response – develop mutual expectations.
 - Develop agreed upon protocols.
- Develop efficient infrastructure to provide services to individuals with significant behavioral health issues and low level of criminality.
 - Improve and increase urgent care and case management resources.
 - Improve supportive functions and response of behavioral health.
 - Identify and provide officers with a therapeutic location and/or protocols (other than incarceration or emergency room visits) and transport identified individuals needing services.
- Analyze PCBH data system
 - Evaluate data collection capacity and process.
 - Identify process to gather suitable data to enhance programmatic changes and provide data to state and federal agencies.
 - Develop a process to electronically gather data (MOTS).
 - Develop a list of data elements, collection by each agency and sharing process for all community partners.
 - Complete data entry.

Third and Fourth Quarter Activities

**December 1 to
February 28 2015;
March 1 to May 31,
2015**

- Determine reduction of individuals incarcerated in, hospitalized and law

enforcement utilization.

- Active use of law enforcement using de-escalation techniques in situations involving individuals with behavioral health issues.
- Increase non mental health staff's ability to communicate and understand the specific needs of each individual with behavioral health issues.
- Reduce inappropriate incarceration of individuals with behavioral health issues.
- Decrease arrests and use of force
- Decrease injuries to law enforcement officers; reduce physical confrontations with individuals.
- Employ quarterly evaluations to identify strengths and challenges
 - Re-evaluate, modifying areas as indicated
 - Continue implementation and data gathering.
 - Review and discuss data analysis to determine success and efficacy rate.
 - Make indicated adjustments and program changes as the data directs and as additional barriers and challenges become identified.
 - Plan to address sustainability areas after grant expires.
 - Review community feedback.
- Review program effectiveness and population demographics of those served.
 - Employ data to help determine program effectiveness and evaluation in conjunction with other data collections.
 - Identify gaps in missing services/links that can be addressed
- Identify next steps to enhance program with future grant funding.
- Develop effective problem solving and discussion between multi-disciplinary agencies to create community collaboration for future expansion (Intercept points 2 and 3 as funding becomes available.
- Discuss sustainability and expansion at multi-disciplinary partner meetings.
- Determination of program should continue based on data collection, funding, strength and challenges, and community feedback.