**Part I: System Narrative:**

This includes an overview of the current system; description of the community needs assessment process; and an analysis of the LMHAs strengths and areas for improvement.

| 1. System Overview |
| --- |
| a) Provide an overview of the Tribe's current addictions and mental health services and supports system, including:<br>• Mental Health Promotion:<br>Warm Springs Community Counseling Center (WSCCC) does a number of activities to promote mental health and wellness in Warm Springs including:<br>a) Promotional slides on the Indian Health Service local clinic television screens in waiting rooms. The slides include information on the effects of various substances on the body, withdrawal symptoms, etc. They also include how to contact the WSCCC to access services.<br>b) Public Service Announcements on the local radio station regarding upcoming prevention programming and events.<br>c) Mental Health staff has given various educational presentations to local departments regarding mental and behavioral health, positive behaviors to promote wellbeing, etc.<br>d) Tables and participation in various health fairs throughout the community.<br>e) Host an annual parenting conference to encourage positive mental health, education on indicators of potential mental health problems and how to get help if necessary.<br>f) Information dissemination on the signs and treatment of mental health issues'. |

- Mental Illness, Substance Abuse and Problem Gambling Prevention
  WSCCC participates in a number of activities geared toward mental illness, substance abuse and problem gambling prevention including:
    a) Promotional slides on the Indian Health Service local clinic television screens in waiting rooms. The slides include information on the effects of various substances on the body, withdrawal symptoms, etc. They also include how to contact the WSCCC to access services.
    b) Prevention events including Christmas, Spring Break and Summer social events for children, adolescents and families to learn about ways to prevent problems in their environment.
    c) Information Dissemination with materials about binge drinking.
    d) Substance abuse "factoids" taken from substance abuse literature.
    e) PowerPoint Presentations quiz people about substance abuse issues.
    f) Digital Stories/Photo Voice challenge widely held perceptions.
    g) Utilize information from the 2010 & 2012 Student Wellness Surveys & share it.
    h) Utilize the 2006 Warm Springs Behavioral Risk Factors Surveillance Survey (BRFSS).
    i) Warm Springs Joint Health Commission Report (features prevention messaging).
    j) Social networking page and group that keeps the community informed about prevention.
    k) Warm Springs Native Aspirations Coalition meets on a bi-monthly basis.

- Early intervention
  WSCCC early intervention activities include:
    a) Prevention programming in the local 509-J school district.
    b) Services provided to the local Child Protective Services and Early Childhood Education programs.
    c) Positive Indian Parenting group for parents at risk of encountering problems due to involvement with the legal system, CPS and other agencies that may indicate risk.
    d) Aftercare services for youth in need of adjunctive care.

- Treatment and recovery
    a) Alcohol and Drug services as well as Mental Health counseling offered in the local Jail as well as the jail in the neighboring community.
    b) Anger and Relapse prevention group
    c) Quarterly community grief group
    d) Aftercare services for youth in need of adjunctive care.
    e) Court Advocacy work
    f) Weekly individual counseling
    g) Residential placement
    h) Alcohol and Drug assessment
    i) Program for Veterans and their family members
- Crisis and respite services
    a) 24-hour on call crisis services
    b) Crisis services offered in Warm Springs and neighboring communities
    c) Ongoing staff training to increase skills in crisis intervention
    d) Referral to inpatient psychiatric hospitalization if needed
    e) Collaboration with local Victims of Crime and Red Cross programs to provide shelter and relocation when necessary.
- Services available to required populations and specialty populations
    a) WSCCC provides services to Tribal and community members in need.
    b) We provide services in the local school district, in clients home, and to hospitalized or incarcerated individuals.
    c) WSCCC provides services to individuals during flexible work hours, in their home or at their work or school site if preferred.
- Activities that support individuals in directing their treatment services and supports
    a) Court Advocacy services

b) Marriage and Family counseling
c) Transportation or gas money provided to families who's loved ones are referred to treatment.
d) Case Management
e) Outreach services for adolescents

**Review Criteria:**

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

b) List the roles of the LMHA and any sub-contractors in the delivery of addictions and mental health services.
We currently work with a sub-contractor, John Spence, Ph.D. regarding prevention work and Tribal Best Practices. In addition, we have a contract Psychiatrist who provides 5 face-to-face clinical hours with clients in our program per week.

**Review Criteria:**

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

c) Describe how the LMHA is collaborating with the CCOs serving the county.
**Health and Human Service General Manager and other tribal representatives has been attending Tribal Consultation meeting to discuss how our Tribes unique needs fit with the local CCO's at the state and county**

**level.**

**Review Criteria:**

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

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

The Joint Health Commission is comprised of the following members:

- Caroline Cruz, Health and Human Services General Manager, Chair
- Carol Prevost, CEO Indian Health Services (I.H.S.) in Warm Springs, Vice-Chair
- Heather Crow Martinez, Director, BestCare Treatment Services
- Jody Calica, CEO CTWS
- Jim Sizemore, Consultant
- Tom Sidel, Consultant
- Jim Quaid, Mental Health Director, Deer Ridge Corrections

Health and Welfare Committee

- Janice Clements, Chair, community member
- Sal Shahme, community member
- Urbana Manion, community member

**Review Criteria:**

- **Complete list included with stakeholder representation.**
- **Representation required by statute is met, or plan included addressing any gaps in representation.**

## 2. Community Needs Assessment (Deferred until July 2013)

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

A survey will be designed that fully explores the services provided by the Warm Springs Community Counseling Center to see how these services are meeting the needs of the local community. The feedback from this survey will be supplemented with data that the counseling center's programs already track and this process will require the aid of the Warm Springs Native Aspirations Coalition, along with other community partners.

**Review Criteria:**

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

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

**Review Criteria:**

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

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

**Review Criteria:**

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

**3. Strengths and Areas for Improvement:**

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

**Review Criteria:**

- **Reflects Community Needs Assessment.**

- **Identified strengths and areas for improvement match data and other information referenced in the community needs assessment.**
- **Plans to maintain and develop strengths are addressed in each area.**
- **Strategies to make improvements are described and match performance goal strategies where applicable.**

| Area | Strength or Area for Improvement | Plan to Maintain Strength or Address Areas Needing Improvement |
|---|---|---|
| a) Mental Health Promotion | | |
| b) Mental Illness Prevention | | |
| c) Substance Abuse Prevention | | |
| d) Problem Gambling Prevention | | |
| e) Suicide Prevention | | |
| f) Treatment:<br>• Mental Health<br>• Addictions | | |

| | | |
|---|---|---|
| • Problem Gambling | | |
| g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment) | | |
| h) The LMHA's Quality Improvement process and procedure | | |
| i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies | | |
| j) Behavioral health equity in service delivery | | |
| k) Meaningful peer and family involvement in service delivery and system | | |

| | | |
|---|---|---|
| development | | |
| l) Trauma-informed service delivery | | |
| m) Stigma reduction | | |
| n) Peer-delivered services, drop-in centers and paid peer support | | |
| o) Crisis and Respite Services | | |

**Part II: Performance Measures**

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

| **1) Current Data Available** |
|---|

| | | |
|---|---|---|
| **Performance Measure** | **Data Currently Available** | **Current Measures (If available)** |
| a) Access/Number of individuals served | | |
| b) Initiation of treatment services – Timely follow up after assessments | | |
| c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation | | |
| d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential | | |
| | | |

| | | |
|---|---|---|
| e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential | | |
| f) Percent of participants in ITRS reunited with child in DHS custody | | |
| **a)** Percent of individuals who report the same or better housing status than 1 year ago. | | |
| b) Percent of individuals who report the same or better employment status than 1 year ago. | | |
| c) Percent of individuals who report the same or better school performance status than 1 year ago. | | |
| d) Percent of individuals who | | |

| | | |
|---|---|---|
| report decrease in criminal justice involvement. | | |
| e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program. | | |
| f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target | | |
| g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives. | | |
| **2) Plans to Incorporate Performance Measures** | | |
| a) Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports: | | |

While we understand that data will be provided to us through AMH, we have plans to actively incorporate relevant data into planning, development and administration of services and supports. For example, we will track data on treatment outcomes such as number of referrals to residential treatment and engagement in aftercare services; evaluation of number of mental health and addiction treatment sessions related to treatment outcome; prevalence of disorders treated in our clinic; exploration of barriers to treatment, stigma and beliefs related to services as well as treatment adherence issues and outcome. In regard to prevention, we will use data to guide prevention services in our community. For example, if we notice an increasing trend toward meth use we will use the data to guide prevention services in that area. This will be the same in all other areas of prevention.

We are in the process of developing a Quality Assurance Committee (QAC) that will meet regularly to analyze needs in our clinic services based on data provided from AMH as well as community needs assessments and surveys. The QAC will continuously assess the needs in our community in regard to addictions, mental health and prevention in order to meet the needs of our community as effectively as possible.

**Part III: Budget Information**

Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling services and prevention and substance abuse prevention.

| **1) General Budget Information** |
| --- |
| a) Planned expenditures for services subject to the contract: |

**Review Criteria:**

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

## 2) Special Funding Allocation

| Area | Allocation/Comments | Review | |
|---|---|---|---|
| | | **Yes** | **No** |
| a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services. | The Warm Springs Community Counseling Center attests that we will spend the allocated amount of Beer and Wine Tax funding for addictions prevention and treatment services. | | |
| b) Use of lottery funds allocated for Problem Gambling prevention and treatment. | | | |
| c) Use of funds allocated for alcohol and other drug use prevention. | | | |

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

**Definitions:**

"Early Intervention" means clinical or preventive services for a person of any age that begin prior to or in the early stages of a mental health problem. Intervening with young children is included in this definition.

"Family" means a support person of any age identified as important to the person receiving services.

"Health Equity" means the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to rectify historical and contemporary socially patterned injustices and the elimination of health disparities.

“Mental Health Promotion” means efforts to enhance individuals’ ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity. There can be overlap between promotion and prevention efforts, depending on the population served and the target of the prevention activity.

“Mental Illness prevention” means intervening to minimize mental health problems by addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, group, or population of focus, with the ultimate goal of reducing the number of future mental health problems in the population.

“Peer” means an individual who self-identifies as a consumer, survivor, ex-patient, recipient of services or person in recovery.

“Required Populations,” as defined in the Federal Block Grant, means:

- Children with Serious Emotional Disorders (SED)
- Adults with Serious Mental Illness (SMI)
- Persons who are intravenous drug users
- Women who are pregnant and have substance use and/or mental health disorders
- Parents with substance use and/or mental health disorders who have dependent children
- Persons with tuberculosis
- Persons with or at risk for HIV/AIDS and who are in addiction treatment

“Specialty Populations,” as defined in the Federal Block Grant, means:

- Adolescents with substance use and/or mental health disorders
- Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression
- Military personnel (active, guard, reserve and veteran) and their families
- American Indians/Alaskan Natives
- Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system
- Persons with mental health and/or substance use disorders who live in rural areas
- Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations
- Persons with disabilities
- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines for enforcement
- Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies

"Trauma-informed Services" means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.

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

**Budget Period:**
**Date Submitted:**

| Category (as defined in the CFAA) | Sub-Category | Population | AMH Flex Funding* | Local Beer and Wine | County GF | Other | Total | Carry-over Amount |
|---|---|---|---|---|---|---|---|---|
| Behavioral Health Promotion and | | | | | | | | |
| | Mental Health | | | | | | | |
| | | Adults | $21,385.00 | $0.00 | $0.00 | $0.00 | $21,385.00 | $0.00 |
| | | Children | $21,385.00 | $0.00 | $0.00 | $0.00 | $21,385.00 | $0.00 |
| | Alcohol and Other Drug | | | | | | | |
| | | Adults | $21,385.00 | $0.00 | $0.00 | $0.00 | $21,385.00 | $0.00 |
| | | Children | $21,385.00 | $0.00 | $0.00 | $0.00 | $21,385.00 | $0.00 |
| | Problem Gambling | | . | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Outreach (Early Identification and Screening, Assessment and Diagnosis) | | | | $0.00 | $0.00 | $0.00 | | |
| | Mental Health | | | | | | | |
| | | Adults | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | Children | $8,883.00 | $0.00 | $0.00 | $0.00 | $8,883.00 | $0.00 |
| | Alcohol and Other Drug | | | | | | | |
| | | Adults | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | Children | $8,883.00 | $0.00 | $0.00 | $0.00 | $8,883.00 | $0.00 |
| | Problem Gambling | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Initiation and Engagement | | | | | | | | |
| | Mental Health | | | | | | | |
| | | Adults | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | Children | | $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 | $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 |
| Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB) | | | | | | | | |
| | Mental Health | | | | | | | |
| | | Adults | $56,438.00 | $0.00 | $0.00 | $0.00 | $56,438.00 | $0.00 |
| | | Children | $56,438.00 | $0.00 | $0.00 | $0.00 | $56,438.00 | $0.00 |
| | Alcohol and Other Drug | | | | | | | |
| | | Adults | $26,870.00 | $0.00 | $0.00 | $0.00 | $26,870.00 | $0.00 |
| | | Children | $26,870.00 | $0.00 | $0.00 | $0.00 | $26,870.00 | $0.00 |
| | Problem Gambling | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Continuity of Care and Recovery Management | | | | | | | | |
| | Mental Health | | $8,883.00 | $0.00 | $0.00 | $0.00 | $8,883.00 | $0.00 |
| | Alcohol and Other Drug | | $8,883.00 | $0.00 | $0.00 | $0.00 | $8,883.00 | $0.00 |
| | Problem Gambling | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Peer-Delivered Services | | | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Administration | Support staff, janitorial, Director | | ######### | $0.00 | $0.00 | $0.00 | $384,934.00 | $0.00 |
| Other (Include | Prevention supplies, per diem, mileage | | $19,460.00 | $0.00 | $0.00 | $0.00 | $19,460.00 | $0.00 |
| | Strategic Prevention Framework | | $62,500.00 | | | | $62,500.00 | |
| **Total** | | | $0.00 | $0.00 | $0.00 | $0.00 | $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