

GILLIAM MORROW WHEELER IMPLEMENTATION PLAN

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

Gilliam County

Mental Health Promotion:

CCS is involved in monthly MDT and DHS meetings that work to collaborate in delivery of services with our community partners. We work very closely with the schools to ensure there is as much prevention as there is intervention. We also work closely with our local corrections department, the juvenile department and the local DA as a resource as well as a community partner. The David Romprey Oregon Warmline is a vital resource for individuals in Gilliam County and promotes wellness outside of traditional mental health services.

Mental Illness, Gambling and Substance Abuse Prevention:

Mental Illness Prevention: CCS has a clinician who is school based in the Arlington Elementary and Junior/Senior High Schools up to 16 hours a week. She is able to provide individual and group services. Our clinician in Condon is not school based but is involved with the school as well as the Suicide Awareness for Everyone (SAFE) Committee which focuses on Suicide Prevention for the communities of Gilliam County but also for surrounding communities. CCS has a contract with the Arlington School District where we place a clinician in the schools to

who works alongside the teachers providing mental health prevention services.

Gambling Prevention: CCS works with local agencies, businesses and schools to provide prevention services in Gilliam County. We run advertisements, meet with clergy, advertise on our website, and place brochures strategically in the community.

Substance Abuse Prevention: Only two years old, the Positive Action program in Gilliam County is already making an impact. Through a good partnership with the two school districts in Gilliam County, the Positive Action curriculum, a best practice program is being implemented in each district Kindergarten through 8th Grade. We are looking forward to this spring to obtain for some comparative data from the OHT Survey and the Student Wellness Survey.

There are also various opportunities for CCS to provide prevention services in Gilliam County including the Children's Fair, sporting events, school events and community events.

Early Intervention:

At this time, CCS is available for Prevention, Education and Outreach in local preschools and Head Start Centers. We work closely with DHS to ensure appropriate referrals are made to ESD as well as Head Start. We also work closely with the schools to make appropriate referrals.

Treatment and Recovery:

Gilliam County CCS provides outpatient mental health, alcohol and drug, anger management, domestic violence/batter's intervention and prevention/Education & Outreach services. We also have psychiatric assessment and medication management available. Three psychiatrists are contracted to deliver services to our outpatient clientele, two of which are child psychiatrists. We also have one MD who provides medication management to clients who have been stabilized on medications. We serve both adults and youth. CCS provides Intensive Community-based Treatment Support Services to children who are in need of more intense services on

a more frequent basis.

Crisis and Respite Services:

CCS provides 24/7 crisis services to Gilliam County. Crisis services include screening to determine appropriate level of care (i.e. follow-up appointment with clinician, increased supports to remain in the home, respite care, and up to psychiatric hospitalization and possibly civil commitment). Crisis staff include, one on-call crisis clinician and one back up supervisor 24 hours a day and 7 days a week.

CCS has several individual contracts with respite providers that allow us to provide increased supports for both youth and adults who are in need. CCS also has respite beds available within out RTF and SRTF for adults in crisis. We also address any medication needs that may arise by scheduling appointments with one of our 2 psychiatrists.

Services Available to required populations and Specialty Programs:

Outpatient mental health and alcohol and drug services are provided to children, adults and families. All children are seen regardless of ability to pay. We provide fee waivers to those considered to be Severely and Persistently Mentally Ill. We provide a sliding fee rate to those who are indigent.

Gilliam County is a very rural community and therefore the population we serve qualifies under the “specialty populations”.

Activities that Support Individuals in Directing their Treatment Services and Supports:

CCS has implemented collaborative documentation and is working to increase the frequency that this is occurring. We also collaborate with clients to develop their ISSP. Clients are involved in their CRT’s as much as possible. Motivational Interviewing is utilized with both Mental Health as well as Alcohol and Drug Programs.

Wheeler County

Mental Health Promotion:

CCS is involved in monthly MDT and DHS meetings that work to collaborate in delivery of services with our

community partners. We work very closely with the schools to ensure there is as much prevention as there is intervention. We also work closely with our local corrections department, the juvenile department and the local DA as a resource as well as a community partner. The David Romprey Oregon Warmline is a vital resource for individuals in Gilliam County and promotes wellness outside of traditional mental health services.

Mental Illness, Gambling and Substance Abuse Prevention:

Mental Illness Prevention: In Wheeler County, CCS provides a school based counselor in Fossil, Spray and Mitchell School Districts. Alcohol and drug and mental health prevention are included in our Prevention, Education and Outreach services.

Gambling Prevention: CCS works with local agencies, businesses and schools to provide prevention services in Gilliam County. We run advertisements, meet with clergy, advertise on our website, and place brochures strategically in the community.

Substance Abuse Prevention: Community Counseling Solutions has a great partnership with the three school districts in Wheeler County. Each of these districts is implementing the Positive Action program Kindergarten thru the 8th Grade. Although each of these districts are small, this partnership has allowed CCS to provide a best practice prevention curriculum to every school aged child in each of these geographically distant communities. Data is hard to measure in these communities because of their size- but we are showing growth in student success and regression in student 30 day use.

CCS also participates in the WHY (Wheeler Helping Youth) Coalition. This grass roots, student based coalition is a direct line to the youth of Wheeler County and does a great job with backing up the concepts and messages provided thru the Positive Action curriculum.

Early Intervention:

A school based counselor is provided through CCS in order to ensure services are provided to families and

children. Being in the schools has helped in providing appropriate and necessary services and referrals. At this time, CCS is available for Prevention, Education and Outreach in local preschools and Head Start Centers. We work closely with DHS to ensure appropriate referrals are made to ESD as well as Head Start.

Treatment and Recovery:

Wheeler County CCS provides outpatient mental health, alcohol and drug, anger management, domestic violence/batterer's intervention and prevention/Education & Outreach services. We also have psychiatric assessment and medication management available. Three psychiatrists are contracted to deliver services to our outpatient clientele, two of which are child psychiatrists. We also have one MD who provides medication management to clients who have been stabilized on medications. We serve both adults and youth.

Crisis and Respite Services:

CCS provides 24/7 crisis services to Wheeler County. Crisis services include screening to determine appropriate level of care (i.e. follow-up appointment with clinician, increased supports to remain in the home, respite care, and up to psychiatric hospitalization and possibly civil commitment). Crisis staff include, one on-call crisis clinician and one back up supervisor 24 hours a day and 7 days a week.

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Outpatient mental health and alcohol and drug services are provided to children, adults and families. All children are seen regardless of ability to pay. We provide fee waivers to those considered to be Severely and Persistently Mentally Ill. We provide a sliding fee rate to those who are indigent.

Wheeler County is a very rural community and therefore the population we serve qualifies under the "specialty populations".

Activities that Support Individuals in Directing their Treatment Services and Supports:

CCS has implemented collaborative documentation and is working to increase the frequency that this is occurring. We also collaborate with clients to develop their ISSP. Clients are involved in their CRT's as much as possible. Motivational Interviewing is utilized with both Mental Health as well as Alcohol and Drug Programs.

Morrow County

Mental Health Promotion:

In Morrow County, CCS is active in many activities that *promote mental health*. These activities are geared toward many different age groups and target populations.

- CCS is part of a **collaborative effort with Department of Human Services, Child Welfare** to provide services as early in a child's life as possible when children are found to have been abused or neglected. The services that can be employed to try to restabilize, build skills if necessary and promote mentally healthy outcomes for children and their families are; child parent psychotherapy, a type of filial therapy that teaches parents how to interact with their young children in ways that promote healing and facilitate attachment through guided play interactions. We have substance abuse treatment services, psychiatric services, group and individual therapy using a variety of evidence based techniques, as well as supports and interventions designed to help clients remove barriers in the environment and within their current living situations. We have equine therapy. We attempt to use a wraparound model within our system of care and to be proactive about new service delivery models and techniques when a need is identified.
- CCS sees students in their schools when that is the desired/recommended type and level of care indicated.
- CCS works closely with schools to support work with students and their families experiencing mental health issues, in order to be able to intervene in the natural setting when issues are occurring in that setting.
- CCS provides anger management and alcohol and drug groups in schools in Morrow County at high school level, in order to help students learn about these issues and develop skills for dealing with them early in their lives.
- CCS provides peer supports that work in the community to provide services to those who need a peer

perspective.

- CCS provides the David Romprey Warmline, a confidential peer warmline that gives people someone to talk to, and can be a friendly ear.
- CCS is part of the Children's multidisciplinary team which allows interface with other agencies that might be serving the same clients. The joint work that occurs can inform policy and procedures that ease the transitions between agencies, or reduce the need for duplication of services.
- CCS participates in the Early Learning Council in Morrow County, which brings together lawmakers, agencies and others to provide a more unified approach to promoting health (including mental health), education and wellness for children birth to 8 years old and their families.
- CCS is in the beginning stages of a supported employment program. Supported Community Volunteer work is an ongoing offering at Columbia River Ranch, where CCS contracts to provide mental health services.

Mental Illness, Gambling and Substance Abuse Prevention

- CCS sees all children, through age 18 that request services if it is determined that they have a need that can be addressed through CCS services. This is a practice that is designed to insure that families do not have to wait until a problem is of great proportions before presenting for treatment. Families can bring their children into treatment services at a point that would be considered early intervention, meaning that treatment may be of shorter duration and the negative impact on the child's future functioning, family, school and community may be minimized.
- CCS is part of a **collaborative effort with Department of Human Services, Child Welfare** to provide services as early in a child's life as possible when children are found to have been abused or neglected. Services to re-stabilize family functioning, build skills if necessary and promote mentally healthy outcomes for children and their families. Possible services include child parent psychotherapy, a type of filial therapy that teaches parents how to interact with their young children in ways that promote healing and facilitate attachment through guided play interactions.
- Equine assisted psychotherapy.

- Wraparound Services in conjunction with community partners
- Referrals for early intervention, early childhood special education, public health needs, head start, etc.
- Trauma Informed Practice
- Treatment for co-occurring disorders
- Crisis services
- Respite services for children and adults
- CCS Morrow County is part of the Sexual Assault Response Team.
- CCS employs bi-lingual and bi-cultural therapists in order to attempt to engage families with young children and others who are at risk of developing a mental, behavioral or emotional disorder.

Gambling Prevention: CCS works with local agencies, businesses and schools to provide prevention services in Gilliam County. We run advertisements, meet with clergy, advertise on our website, and place brochures strategically in the community.

Substance Abuse Prevention: Prevention in Morrow County is focused on the Positive Action program. This best practice program is being implemented in all grades Kindergarten thru 8th Grade in the Morrow County School District. That is a total of 74 classrooms and around 1850 children. The 2012-13 school year is the first full year this program has been implemented, but we are seeing success already. We are looking forward to using the Student Wellness Survey and the Oregon Healthy Teens Survey to compare data from year to year. Thus far, we believe the staff is happy with this program, which we know will lead to greater success. Also, due to the efforts of the Morrow County School District, we are getting good feedback from students and parents about the content of this program.

In addition to the Positive Action program, in Morrow County, Community Counseling Solutions (CCS) sponsors a Children's Fair that over 500 people participate in each year. CCS provides many prevention education outreach opportunities throughout the county on a monthly basis.

Early Intervention:

- Children CCS – Morrow attempts to intervene as early in a child's life as is suitable for mental health services. They collaborate with other child serving agencies in order to make sure that consideration is given to the whole child and family.
- Early Assessment and Support Alliance, (EASA) is in the beginning stages of implementation in Morrow County. This program will be run in collaboration with several other counties and attempts to intervene intensively as soon as a young person (ages 13-25) starts to show symptoms of psychosis in attempts to prevent future breaks .
- Substance abuse education groups are provided to high school students who are not part of the program at CCS in conjunction with services provided to enrolled clients being served in that environment. Anger management services are provided in the same way.
- Counseling services are provided in schools (with parent permission of course) which allow students whose parents may have limited access to mental health or whose children are at risk of developing a mental, emotional or behavioral disorder, to receive services from trained substance abuse and mental health therapists.
- Services are provided to adolescents over 14 without parental consent, if receiving parental consent would compromise the child's safety or prevent them from engaging in services.

Treatment and Recovery:

The CCS- Morrow approach to treatment and recovery is that the whole client must be considered, as well as the family if the client is involved with one. Treatment and recovery are designed to be as seamless as possible from cradle to grave and across areas of treatment, such as alcohol and drug as well as mental health treatment, child services as well as family services, etc.

We provide co-occurring services, psychiatric services, group/individual and school based services. We provide services to our clients should they be placed in jail, and transition services should they need to transition from location to location or service to service.

We attempt to maintain a stable work force, as we realize that the health and well-being of our workforce as

well as fewer transitions between service providers lead to better outcomes for our clients.

Wraparound Services

CCS- Morrow services are based on the belief that treatment and recovery services must be client and family driven, strength based, and involve natural supports that will remain even after treatment may no longer be necessary. Wraparound is philosophy that is a foundation of services, and the principles are utilized on a daily basis when making treatment decisions, designing current services and planning future services. This is an ongoing process and involves many different parts of the Morrow County system of care, all of which are at different levels of belief in and implementation of these guiding principles.

Intensive Community Treatment Services:

Morrow CCS provides ICTS services to approximately 15 children and adolescents that require a higher level of care than outpatient services can provide. We have a Family Care Coordinator that does the initial community resource team meetings, helps with initial team development and facilitates ongoing team process on behalf of youth and their families. Services are designed by each team to provide non-traditional services and supports that may build upon a family's and child/adolescents strengths to help them to learn to advocate for themselves, focus on long term success as they see it, and to avoid the "overprofessionalism" of the team.

Crisis and respite services:

Crisis services are available in Morrow County 24 hours per day and 7 days per week. Same day or next day appointments are available if necessary in crisis situations. A crisis screening can be completed within 15 minutes, at least by telephone from anywhere in Morrow county at any time. In Morrow County, a person can walk into the clinic in Boardman or in Heppner and ask for a screening, or a person can call 911, which is the way to access the crisis line in Morrow county, and ask for a screening, or to be connected to the on-call crisis worker. There is additionally a back-up supervisor on call at all times, in order to be able to assist the on-call worker, if necessary.

Respite services may be available at any time at Lakeview Heights Residential Facility or on a limited basis at Columbia River Ranch. There are additional respite facilities that may be accessed outside of Morrow County, if necessary. On February 25, 2013, CCS is opening Juniper Ridge Acute Care Center in John Day, Oregon and respite services will be available there as well.

Respite services for children and adolescents are available on a limited basis within Morrow County, and respite homes can be accessed in other counties, if necessary.

Services available to required populations and specialty populations:

CCS – Morrow County employs bi-cultural and bi-lingual Spanish speaking staff to assist our clients who speak primarily Spanish. We also have staff that use basic ASL, as well as French and German. We use a telephone interpreter line for those individuals whose language is other than those listed above, for assessment and treatment services. Interpreters who are bilingual/bi-cultural are hired when needed for ongoing services. In both Heppner and Boardman office in Morrow County, there is wheelchair accessibility to CCS offices. Accommodations will be made whenever requested, which may include going to the client's home, care facility or other location to deliver services, etc. Persons are served at CCS- Morrow regardless of race, gender, income status, sexual orientation, ethnicity, disability, homelessness, age or military status. Treatment is integrated, unless the client refuses part of the recommended services.

Activities that support individuals in directing their treatment services and supports:

Some of the options and activities available at CCS- Morrow that support individuals in directing their treatment services and supports are; peer delivered services, consumer involvement in mental health advisory board, bi-cultural and bi-lingual staff, our policy of seeing all children through age 18 regardless of ability to pay, our wraparound approach to treatment of children/adolescents and adults. We also see adolescents over the age of 14, without parental consent if obtaining consent would jeopardize treatment or the safety of the adolescent. Additionally we are beginning implementation of EASA, Assertive Community Treatment and Supported Employment, all of which are designed to assist those living with mental illness in achieving independence and

voice in their own recovery and lives.

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

The Gilliam, Morrow, and Wheeler County Commissioners are actively involved in the delivery of CCS services. In each county one commissioner serves on the Mental Health Advisory Board. CCS meets regularly with the commissioners and ensures that they have the necessary information to make informed decisions.

Gilliam, Morrow and Wheeler County each subcontracts the provision of mental health and addictions services to CCS. CCS has no subcontracts for services.

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

Recently the Commissioners from Morrow, Wheeler and Gilliam County appointed individuals to the Eastern Oregon Coordinated Care Organization (EOCCO) Community Advisory Committee. EOCCO employs a liaison to work directly with the commissioners to keep them informed of developments and opportunities for involvement. EOCCO has yet to conduct the community needs assessment, but it is assumed that the Commissioners will play an active role in this assessment at the local level.

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

Gilliam Wheeler Advisory Board

Dan Ousley, Wheeler County District Attorney
Marj Sharp, Wheeler County Commission on Children and Families
Linda Fleming, Wheeler County, former CLHO director
Vicki Winters, Gilliam County Juvenile Director
Delene Durfey, Gilliam County, Senior Coordinator for Gilliam County

Chris Perry, Wheeler County Commissioner
Steve Schaeffer, Gilliam County Commissioner
Angela Thompson, Consumer
Youth Representative

Morrow County Advisory Board

John Renfro, retired law enforcement
Terry Tallman, Morrow County Commissioner
Justin Nelson, Morrow County District Attorney
Ken Matlack, Morrow County Sheriff
Sue Gibbs, Heppner Elementary Teacher
Matt Combe, Heppner Principal
Shirley Clark, family member of consumer
Nelson Connor, family member of consumer
Barbara Grossman, consumer
Marilyn Eldred, consumer

2. Community Needs Assessment

The answers to the questions below are the same for Morrow, Wheeler, and Gilliam County

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

Community Counseling Solutions (CCS) invited all community partners, volunteers, and involved community members to a Need Assessment Luncheon. During this luncheon, a facilitator went through each area listed below asking for feedback from the attendees. Three questions were asked: What is working well? What needs improvement? What are the barriers to service?

Attendees gave feedback regarding CCS in each area and those answers are reflected below.

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

CCS uses the data collected as a self-check system. Feedback from community partners is very important in the growth of our agency and allows us to manage problems or gaps in service that might not be evident in our everyday operating systems.

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

All Board Members, Advisory and Quality Improvement groups were invited to the Needs Assessment Luncheon. Additionally, they were all asked to provide input directly to the Director of CCS.

Additional Information requested by AMH

Describe the CMHP’s collaboration with the CCO in the development and implementation of the community needs assessment: Eastern Oregon Coordinated Care Organization (EOCCO) is not yet working on the community needs assessment. CCS is significantly involved in EOCCO. CCS did share the template for our needs assessment progress with the director of EOCCO, Kevin Campbell. We will work closely with EOCCO when they put together their needs assessment, and adjust were necessary.

STRENGTHS AND AREAS FOR IMPROVEMENT

MORROW COUNTY

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion	<u>Strengths:</u> <ul style="list-style-type: none"> • CCS does a good job at thinking outside the box for mental health promotion. i.e.: Equine Therapy 	<u>Maintain:</u> <ul style="list-style-type: none"> • Continue to seek out partnerships to provide clients with unique opportunities for mental health promotion
b) Mental Illness Prevention	<u>Strengths:</u> <ul style="list-style-type: none"> • Collaboration with the school district providing 	<u>Maintain:</u> <ul style="list-style-type: none"> • Continue to provide prevention

	<p>services on site.</p> <ul style="list-style-type: none"> • CCS is providing a Mental Health 1st Aide Class for local partners • CCS collaborates with Early Intervention • CCS provides employment opportunities locally—consistent employment helps mental health 	<p>education/services at the school district</p> <ul style="list-style-type: none"> • Continue education for staff and partners
c) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS funds Positive Action, a best practice prevention program to be in every classroom in the Morrow County School District grades K thru 8th • CCS funds and operates a Children’s Fair in North Morrow County annually that sees around 500 people a year. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue prevention program funding and Children’s Fair
d) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS funds Positive Action, a best practice prevention program to be in every classroom in the Morrow County School District grades K thru 8th ::Problem Gambling Prevention is integrated in the Positive Action Program <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Services aren’t wide known 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue prevention programs in school district <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Advertise services in the community more
e) Suicide Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS operates the David Romprey Warmline which operates throughout the United States giving people a place to call and visit informally with peers. • CCS participates in the SAFE Coalition whose primary focus has been suicide prevention. CCS has collaborated in presentations and activities that SAFE is sponsoring. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue operation of warmline <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • More advertising for the warmline
f) Treatment: <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Telepsychiatry readily available • Great Collaboration with the Schools, Law Enforcement, Public Health, Clinic • Clinicians are accessible and provide good information • Gambling Addiction services are free • CCS sees all clients 0-18 years old regardless of 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide telepsychiatry • Continue and build collaboration • Continue to keep staff trained and accessible <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Try to work more efficiently meet the needs of the community and Medicare clients

	<p>ability to pay</p> <ul style="list-style-type: none"> • Lake View Heights: Secure Residential Treatment Facility • Local Problem Gambling Treatment provider does presentations about available services <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Medicare people aren't easily seen • Affordability of services • Gambling Addictions Treatment is not well enough known • Medical Clearance is often very time consuming 	<ul style="list-style-type: none"> • Get more information out to the public about Gambling Addictions Treatment • Medical Clearance should be made easier when Juniper Ridge, a CCS Acute Care Facility, opens in John Day • CCS has worked with the local Heppner hospital and they will do local Medical Clearances also easing the burden of traveling to a neighboring hospital
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Continued counseling services to those maintaining or in recovery if applicable • CCS supports/advertises for AA/NA meetings 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to work with partners to provide services to those in recovery
h) The LMHA's Quality Improvement process and procedure	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • The information that we receive is valuable so the QA committee must do a good job. • Core group of people have been working together for years. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • None identified 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Work to keep newer members on the committee working closely with senior members. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Be proactive about incorporating new AMH requirements.
i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • All partners report great collaboration with CCS! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue collaborative efforts with partners!
j) Behavioral health equity in service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Community reports CCS provides equitable services to all populations. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide equitable services to all populations.
k) Meaningful peer and family involvement in service delivery and system development	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • There are youth on the advisory board • Feedback has been provided by customers and they have seen it readily incorporated and produced meaningful change. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Have more family members on the advisory board 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to be a proactive agency providing services that customers request! <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Continue to look for ways to involve peers.
l) Trauma-informed service delivery	<p><u>Strengths:</u></p>	<p><u>Maintain:</u></p>

	<ul style="list-style-type: none"> CCS participates with partners in trauma informed service delivery. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> CCS needs an official Trauma informed Service Delivery Plan 	<ul style="list-style-type: none"> Continue participation with partners in Trauma informed Service Delivery <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> CCS will develop a Trauma informed Service Delivery Plan
m) Stigma reductions	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS attempts to eliminate stigma by making staff available for prevention and mental health awareness functions 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> CCS will continue to do whatever possible to reduce stigma of our clients.
n) Peer-Delivered services, drop-in centers and paid peer support	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> David Romprey Warmline- staffed by peers, phone line available to anyone 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to fund and manage the warmline
o) Crisis and Respite Services	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Respite is available to clients and family of clients in crisis or acute situations Community Counseling is very responsive in Crisis situations. Law Enforcement reports great collaboration in crisis situations. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> Services for people who don't meet the criteria for a hold, but are struggling to be maintained in the community. There is always more need for respite! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide respite services Continue to provide 24/7 crisis response services Continue collaboration with partners. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> Advertise for more respite providers

STRENGTHS AND AREAS FOR IMPROVEMENT

GILLIAM COUNTY

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
p) Mental Health Promotion	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS does a good job at thinking outside the box for mental health promotion. i.e.: Walking with Clients/Building Planter Boxes 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to seek out partnerships to provide clients with unique opportunities for mental health promotion
q) Mental Illness Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Collaboration with the school district providing 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide prevention

	<p>services on site.</p> <ul style="list-style-type: none"> • CCS is able to provide a Mental Health 1st Aide Class for local partners • CCS collaborates with Early Intervention • Interaction with kids in the community is positive and proactive • CCS funds Positive Action, a best practice prevention program to be in every classroom in the grades K thru 8th 	<p>education/services at the school district</p> <ul style="list-style-type: none"> • Continue education for staff and partners
r) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS funds Positive Action, a best practice prevention program to be in every classroom in the grades K thru 8th 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue prevention program funding
s) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS funds Positive Action, a best practice prevention program to be in every classroom in grades K thru 8th ::Problem Gambling Prevention is integrated in Positive Action <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Services aren't wide known 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue prevention programs in each school district <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Advertise services in the community more
t) Suicide Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS operates the David Romprey Warmline which operates throughout the United States giving people a place to call and visit informally with peers. • CCS participates in the SAFE Coalition whose primary focus has been suicide prevention. CCS has collaborated in presentations and activities that SAFE is sponsoring. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue operation of warmline <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • More advertising for the warmline
u) Treatment: <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Having local services in this remote area is great! • Telepsychiatry readily available • Great Collaboration with the Schools, Law Enforcement, Public Health, Clinic and the Justice Court • Clinicians are accessible and provide good information • Gambling Addiction services are free • CCS sees all clients 0-18 years old regardless of 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide telepsychiatry • Continue and build collaboration • Continue to keep staff trained and accessible <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Try to work more efficiently meet the needs of the community and Medicare clients • Get more information out to the public about Gambling Addictions Treatment

	<p>ability to pay</p> <ul style="list-style-type: none"> Local Problem Gambling Treatment provider does presentations about available services <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> Medicare people aren't easily seen Affordability of services Gambling Addictions Treatment is not well enough known 	
v) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Continued counseling services to those maintaining or in recovery if applicable Partners report having great success in CCS helping to integrate their clients back into the community after treatment CCS supports/advertises for AA/NA meetings 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to work with partners to provide services to those in recovery
w) The LMHA's Quality Improvement process and procedure	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> QA committee often looks at community assessments done by other agencies to consider areas for change. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> Look ways to incorporate more EBP's 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Consumer involvement on this committee. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> Follow state trends for new outcomes that will need to be measured.
x) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> All partners report great collaboration with CCS! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue collaborative efforts with partners!
y) Behavioral health equity in service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Community reports CCS provides equitable services to all populations. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide equitable services to all populations.
z) Meaningful peer and family involvement in service delivery and system development	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS leads the way in our region. The Warmline is an excellent example. Consumers feel heard when expressing concerns. <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> None identified 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Look for more opportunities to lead the region in creative peer services. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> None identified
aa) Trauma-informed service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS participates with partners in trauma informed service delivery. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue participation with partners in Trauma informed Service Delivery

	<ul style="list-style-type: none"> • <u>Areas for Improvement (as seen by partners):</u> <ul style="list-style-type: none"> • CCS needs an official Trauma informed Service Delivery Plan 	<u>Address Improvements:</u> <ul style="list-style-type: none"> • CCS will develop a Trauma informed Service Delivery Plan
bb) Stigma reductions	<u>Strengths:</u> <ul style="list-style-type: none"> • CCS attempts to eliminate stigma by making staff available for prevention and mental health awareness functions • CCS is co-located with the local health clinic in Condon, therefore eliminating some stigma for people receiving service due to people not knowing the reason for them being at the building 	<u>Maintain:</u> <ul style="list-style-type: none"> • CCS will continue to do whatever possible to reduce stigma of our clients.
cc) Peer-Delivered services, drop-in centers and paid peer support	<u>Strengths:</u> <ul style="list-style-type: none"> • David Romprey Warmline- staffed by peers, phone line available to anyone 	<u>Maintain:</u> <ul style="list-style-type: none"> • Continue to fund and manage the warmline
dd) Crisis and Respite Services	<u>Strengths:</u> <ul style="list-style-type: none"> • Respite is available to clients and family of clients in crisis or acute situations • Community Counseling is very responsive in Crisis situations. • Law Enforcement reports great collaboration in crisis situations. <u>Areas for Improvement (as seen by partners):</u> <ul style="list-style-type: none"> • Services for people who don't meet the criteria for a hold, but are struggling to be maintained in the community. • There is always more need for respite! 	<u>Maintain:</u> <ul style="list-style-type: none"> • Continue to provide respite services • Continue to provide 24/7 crisis response services • Continue collaboration with partners. <u>Address Improvements:</u> <ul style="list-style-type: none"> • Advertise for more respite providers

STRENGTHS AND AREAS FOR IMPROVEMENT

WHEELER COUNTY

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
ee) Mental Health Promotion	<u>Strengths:</u>	<u>Maintain:</u>

	<ul style="list-style-type: none"> CCS does a good job at thinking outside the box for mental health promotion. 	<ul style="list-style-type: none"> Continue to seek out partnerships to provide clients with unique opportunities for mental health promotion
ff) Mental Illness Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Collaboration with the school district providing services on site every week! CCS is able to provide a Mental Health 1st Aide Class for local partners CCS collaborates with Early Intervention CCS funds Positive Action, a best practice prevention program to be in every classroom in the grades K thru 8th 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide prevention education/services at the school district Continue education for staff and partners
gg) Substance Abuse Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS funds Positive Action, a best practice prevention program to be in every classroom in the grades K thru 8th CCS participates in the WHY (Wheeler Helping Youth) Coalition 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue prevention program funding and participating in coalition
hh) Problem Gambling Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS funds Positive Action, a best practice prevention program to be in every classroom in grades K thru 8th ::Problem Gambling Prevention is integrated in Positive Action <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> Services aren't wide known 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue prevention programs in each school district <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> Advertise services in the community more
ii) Suicide Prevention	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> CCS operates the David Romprey Warmline which operates throughout the United States giving people a place to call and visit informally with peers. CCS participates in the SAFE Coalition whose primary focus has been suicide prevention. CCS has collaborated in presentations and activities that SAFE is sponsoring. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue operation of warmline <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> More advertising for the warmline
jj) Treatment: <ul style="list-style-type: none"> Mental Health Addictions Problem Gambling 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> Having local services in this remote area is great! Telepsychiatry readily available Great Collaboration with the Schools, Law Enforcement, Public Health, Clinic and the 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> Continue to provide telepsychiatry Continue and build collaboration Continue to keep staff trained and accessible <p><u>Address Improvements:</u></p>

	<p>Justice Court</p> <ul style="list-style-type: none"> • Clinicians are accessible and provide good information • Gambling Addiction services are free • CCS sees all clients 0-18 years old regardless of ability to pay <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Affordability of services • Gambling Addictions Treatment is not well enough known 	<ul style="list-style-type: none"> • Try to work more efficiently meet the needs of the community and Medicare clients • Get more information out to the public about Gambling Addictions Treatment
kk) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Continued counseling services to those maintaining or in recovery if applicable • CCS supports/advertises for AA/NA meetings 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to work with partners to provide services to those in recovery
ll) The LMHA's Quality Improvement process and procedure	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Core group of individuals have been active for several years • Proactive <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Not sure if we are following current trends for measurement. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Feedback to community members on clinical quality indicators <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Research new trends
mm) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • All partners report great collaboration with CCS! 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue collaborative efforts with partners!
nn) Behavioral health equity in service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Community reports CCS provides equitable services to all populations. 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue to provide equitable services to all populations.
oo) Meaningful peer and family involvement in service delivery and system development	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS appears to be very proactive in providing innovative peer delivered services <p><u>Areas for Improvement (as seen by partners):</u></p> <ul style="list-style-type: none"> • Provide more regular formal means for peers to provide feedback 	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Researching new and emerging trends. <p><u>Address Improvements:</u></p> <ul style="list-style-type: none"> • Work with QA committee to research methods for formal feedback for peers and families.
pp) Trauma-informed service delivery	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • CCS participates with partners in trauma informed service delivery. • <p><u>Areas for Improvement (as seen by partners):</u></p>	<p><u>Maintain:</u></p> <ul style="list-style-type: none"> • Continue participation with partners in Trauma informed Service Delivery <p><u>Address Improvements:</u></p>

	<ul style="list-style-type: none"> CCS needs an official Trauma informed Service Delivery Plan 	<ul style="list-style-type: none"> CCS will develop a Trauma informed Service Delivery Plan
qq) Stigma reductions	<u>Strengths:</u> <ul style="list-style-type: none"> CCS attempts to eliminate stigma by making staff available for prevention and mental health awareness functions CCS is co-located with the Family Service Center in Fossil, therefore eliminating some stigma for people receiving service due to people not knowing the reason for them being at the building CCS provides many services at the local schools for students. 	<u>Maintain:</u> <ul style="list-style-type: none"> CCS will continue to do whatever possible to reduce stigma of our clients.
rr) Peer-Delivered services, drop-in centers and paid peer support	<u>Strengths:</u> <ul style="list-style-type: none"> David Romprey Warmline- staffed by peers, phone line available to anyone 	<u>Maintain:</u> <ul style="list-style-type: none"> Continue to fund and manage the warmline
ss) Crisis and Respite Services	<u>Strengths:</u> <ul style="list-style-type: none"> Respite is available to clients and family of clients in crisis or acute situations Community Counseling is very responsive in Crisis situations. Law Enforcement reports great collaboration in crisis situations. <u>Areas for Improvement (as seen by partners):</u> <ul style="list-style-type: none"> There is always more need for respite! 	<u>Maintain:</u> <ul style="list-style-type: none"> Continue to provide respite services Continue to provide 24/7 crisis response services Continue collaboration with partners. <u>Address Improvements:</u> <ul style="list-style-type: none"> Advertise for more respite providers

Part II: Performance Measures

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

1) Current Data Available

Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served	<p>Wheeler and Gilliam County meet expectations for numbers of individuals served</p> <p>Morrow County is not currently meeting expectations.</p>	Our current EMR provides the actual numbers. We strive for a 5% penetration rate.
b) Initiation of treatment services – Timely follow up after assessments	Data is available and indicates that we are meeting standards	<ul style="list-style-type: none"> • CPMS data for substance abuse treatment • Chart audits
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation	<p>Data is available for substance abuse treatment that demonstrates we are meeting this standard.</p> <p>No data for mental health</p>	<ul style="list-style-type: none"> • CPMS
d) Facility-based care follow up - % of individuals with	Data is available for mental health services that demonstrates we are	<ul style="list-style-type: none"> • Chart audits

follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	meeting this standard	
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential	No data is available.	
f) Percent of participants in ITRS reunited with child in DHS custody	No data is available	
a) Percent of individuals who report the same or better housing status than 1 year ago.	No data is available	
b) Percent of individuals who report the same or better employment status than 1 year ago.	No data is available	
c) Percent of individuals who report the same or better school performance status than 1 year ago.	No data is available	
d) Percent of individuals who report decrease in criminal	No data is available	

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.	State sends report	Wheeler and Gilliam are below target ADP Morrow County fluctuates just below, at or above the line by 1 person.
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target	State sends report	Wheeler and Gilliam are below predetermined target Morrow County fluctuates just below, at or above the line by 1 person.
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	No data is available	

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:

CCS is currently transitioning to a new EMR that will allow us to better track relevant treatment data. This EMR will provide reports as requested that will be shared with the Quality Improvement Committee, Advisory Boards and CCS Board of Directors and used in ongoing planning efforts at the local and regional levels. Additionally, administration will use this information to make informed decisions about staffing levels and delivery of services.

Additional information requested by AMH –

Plans to actively incorporate the performance measures into planning, development and administration of services and supports:

Apparently we did not answer the question clearly. The performance measures that AMH has identified will be incorporated as data elements in our new EMR. This will allow us to appropriately capture the data. The data elements have already been shared with the advisory committee and quality improvement committee. Once we begin to receive data, the will be shared with the various committee and a plan of action will be determined based upon areas of need. This information will drive the development of services and/or adjustments in the delivery of services. Administration will closely monitor the outcomes and share results at every meeting, thereby working towards a continuous feedback loop.

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.

Local Mental Health Authority

Biennial Implementation Plan (BIP)

Morrow, Wheeler, Gilliam

Planned Expenditures 2013 - 2015 (Based on historical allocation)

Budget Period: 11/12 used

Date Submitted: 2/20/2013

Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
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Behavioral Health Promotion and Prevention

Mental Health

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$29,116.56 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$15,143.84 \$0.00

Alcohol and Other Drug

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$19,890.69 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$2,210.08 \$0.00

Problem Gambling

\$0.00 \$0.00 \$0.00 \$0.00 \$7,180.00 \$0.00

Outreach (Early Identification and Screening, Assessment and Diagnosis)

Mental Health

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$72,791.42 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$37,859.59 \$0.00

Alcohol and Other Drug

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$33,151.16 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$3,683.46 \$0.00

Problem Gambling

\$0.00 \$0.00 \$0.00 \$0.00 \$10,770.00 \$0.00

Initiation and Engagement

Mental Health

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$7,279.14 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$3,785.96 \$0.00

Alcohol and Other Drug

Adults \$0.00 \$0.00 \$0.00 \$0.00 \$6,630.23 \$0.00

Children \$0.00 \$0.00 \$0.00 \$0.00 \$736.69 \$0.00

Problem Gambling

\$0.00 \$0.00 \$0.00 \$0.00 \$1,795.00 \$0.00

Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)

Mental Health	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$352,095.31	\$0.00
	Children	\$0.00	\$0.00	\$0.00	\$0.00	\$253,477.62	\$0.00
Alcohol and Other Drug	Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$543,678.96	\$0.00
	Children	\$0.00	\$0.00	\$0.00	\$0.00	\$60,408.77	\$0.00
Problem Gambling		\$0.00	\$0.00	\$0.00	\$0.00	\$14,360.00	\$0.00
Continuity of Care and Recovery Management							
	Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$55,325.50	\$0.00
	Alcohol and Other Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$36,834.62	\$0.00
	Problem Gambling	\$0.00	\$0.00	\$0.00	\$0.00	\$1,795.00	\$0.00
Peer-Delivered Services		\$0.00	\$0.00	\$0.00	\$0.00	\$117,988.49	\$0.00
Administration		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Other (Include Description)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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

Area	Allocation/Comments	Review	
		Yes	No
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.	\$10,000. Funds used for treatment services		

b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$52,500 . We utilize the treatment funding well in Morrow County. We are looking at ways to better advertise and promote services in Gilliam and Wheeler.		
c) Use of funds allocated for alcohol and other drug use prevention.	\$150,000. Used to provide/support the Positive Action Program in all K-8 classrooms in Morrow, Wheeler and Gilliam County		

Additional Information (Optional)

a) What are the current/upcoming training and technical assistance needs of the LMHA related to system changes and future development?

Provide video trainings, or onsite, on upcoming changes.