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# Oregon Health Authority – Addictions and Mental Health Division (AMH)

## Josephine County Biennial Implementation Plan

### 2013-2015

#### 1. System Overview

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

- **Mental Health Promotion**

Josephine County has a strong history of developing and promoting strengths based services that are community based, occur in natural settings and promote individuals with mental illness to engage in developmentally appropriate activities. Our cultural and systemic shift years ago from adult day treatment programs to a strong fidelity based **Supported Employment** program which facilitates “real work” competitive employment for adults is one example of this. Others include but are not limited to: **Supported Education** wherein support is imbedded on the community college campus, **Mental Health Court, Independent, Supported and Transitional Housing**, child and family **WRAP** services to limit multiple foster care placements and support family cohesiveness, our newest **Family Care Collaborative** program with DHS Child Welfare wherein biological families are mentored by foster care providers and family therapy is provided in the home, mental health services imbedded in the school system and **Functional Family Therapy** for adjudicated youth and their families in addition to multiple consumer and advocate based committees.

Josephine County Community Corrections, the State of Oregon Judicial Department- Josephine County Circuit Court and State of Oregon- Criminal Justice Commission have partnered with Options for Southern Oregon to provide a Mental Health Court. The goals of the Josephine County Mental Health Court are to: 1) improve systems collaboration between community corrections and the mental health systems; 2) better address the needs of individuals with mental illness and reduce recidivism; and 3) increase public safety and promote positive outcomes for offenders with mental illness.

- **Mental Illness, Substance Abuse and Problem Gambling Prevention**

Options has put in place several educational classes for the community and present at schools, civic organizations and other venues about mental illness. Options collaborative work with the local DHS Child Welfare is aimed at identifying families that are struggling

and intervening at an early stage to help address and change behavior patterns that impact youth mental health. Options Children's Resource Team offers classes for parents and guardians and the evidence based Parent Child Interaction Therapy, all of which inform and educate parents and guardians as to healthy family relationships, developmental milestones, and provide practical tools to use in parenting. In addition, an early childhood therapist is stationed at Head Start to screen children and educate and engage families to help prevent emotional and mental health issues from occurring and if present, progressing.

Think Life, the Suicide Prevention Coalition of Josephine County (SPCJC), is a coalition of caring professionals and survivors of suicide loss and suicide attempt, working as advocates to eliminate suicides in the Josephine County community.

Josephine County's Prevention Plan incorporates the Center for Substance Abuse Prevention (CSAP) strategies, and programs for universal, selective and/or indicated populations. Key priorities identified by the 2011-2013 County Prevention Plan include focusing on 1) improving parenting and family management, 2) increasing youth, ages 0-21, disapproval of substance abuse, and 3) increase social skills for youth ages 0-21 and increase academic success for grades K-12.

Problem Gambling Prevention Awareness currently has a separate plan and priorities. The key priorities identified by the 2011-2013 County Prevention Plan include focusing on 1) Increase awareness of risks associated with problem gambling, 2) increase general awareness about problem gambling, and 3) increase awareness of problem gambling among school personnel.

The key CSAP strategies embraced by both A&D and Problem Gambling 2011-2013 Prevention Plans include:

- a. Information Dissemination
  - ✓ Public speaking engagements regarding Alcohol, tobacco, other drugs and problem gambling
  - ✓ Participation in health fairs and events
  - ✓ Distribution of brochures, fact sheets, newsletters, and other printed materials
  - ✓ Media campaign
- b. Prevention Education
  - ✓ Evidence based curriculum for youth educational programming and include problem gambling information to programs using curriculum
  - ✓ Parenting skills, children and family life skills training
- c. Alternative Activities
  - ✓ Mentoring
  - ✓ Community service activities

- ✓ Drug free social and recreational activities
- ✓ Calendar art participation
- d. Community-Based Process of Participation
  - ✓ Participation of groups from all parts of the community in collaborative efforts involving prevention programming
  - ✓ Multi-agency activities to increase coordination of efforts between public and private agencies and other sectors in the community
  - ✓ Community and volunteer training
- e. Environmental Approaches
  - ✓ Support efforts to increase price of alcohol and tobacco products through excise taxes, education and media
  - ✓ Establish drug policies and /or review policies for schools, businesses and organizations
  - ✓ Counter advertising
  - ✓ Reward and Reminders ( Lottery and Tobacco)
  - ✓ Shoulder Tap Operations
- f. Problem Identification and Referral
  - ✓ Referral to resources and agencies
- g. Pilot Transition / Cooperation Project
  - ✓ Partnership between Prevention Coordinator and Gambling Treatment/Outreach Coordinator

- **Early Intervention**

Josephine County's "Early Intervention Program" works closely with Options' Early Childhood Mental Health Specialist regarding children with behavioral and developmental issues. The Mental Health Specialist meets monthly with the Mental Health Consultant at the Early Intervention program site. Early Intervention makes referrals to Options for assessment of mental health needs. If the child is involved at the ICTS level of services, the Early Intervention staff would be involved in the Child and Family Team process. In addition, an early childhood therapist is stationed at Head Start to screen children and educate and engage families to help prevent emotional and mental health issues from occurring and if present, progressing.

Early Childhood Services is a program of the Southern Oregon Education Service District. SOESD serves families with children birth to five years old throughout Josephine County with inclusive toddler and preschool classrooms offering learning and social experiences in a supportive atmosphere. Their mission is to provide services and leadership to optimize educational opportunities for the children, schools and communities served. Governed by a nine-member Board of Directors and staffed by approximately 275 employees, Southern Oregon ESD serves 13 school districts, over 100 buildings, 3,500 teachers and 52,000 students in Jackson,

Josephine and Klamath Counties.

Options children and family programs available to the community include: 123 Magic, a parent training class to high risk families with children 2-8; Functional Family Therapy, a program reducing juvenile crime and increasing healthy functioning families; individual, family and group counseling; social and behavioral skills training for children and parents; outreach mental health services to public schools with a therapist assigned to all county schools, including alternative education centers; court parenting programs for divorcing parents; assessment/screening for youth needing residential level of care; referrals to day treatment programs; children's crisis service, a 24-hour crisis phone response service; early childhood mental health specialist working with the HeadStart programs; and intensive community-based treatment services and supports.

- **Treatment and recovery**

Five agencies within Josephine County provide addictions and/or co-occurring outpatient services to youth and adults and basic services such as education, consultation, assessment and client-focused treatment, including individual counseling, group counseling and alcohol/drug testing. These agencies are Options, OnTrack, ADAPT, Josephine County Corrections, and Choices Counseling Center. Each program has its own referral sources such as DUUI, Oregon Health Plan, Drug Court, and various contracts with commercial and public insurances. When a client needs residential treatment or detoxification, the appropriate releases are signed and the outpatient program continues to provide interim services. Two of these agencies (Options for co-occurring disorders, and OnTrack) are adult residential providers and these agencies work closely with the other programs that will support client recovery. Because safe, clean and sober housing is a huge barrier to recovery, as well as limited residential services particularly for the indigent and detox services, we work very closely with agencies that help with transitional housing, rental assistance or subsidies. Relationships with mental health and physical health providers have become paramount in providing adequate treatment. Providers meet monthly to discuss funding possibilities and policy issues that affect programs such as training and workforce issues, quality assurance guidelines, medical marijuana, medication assisted treatment, and detoxification. Specific providers attend several meetings throughout the month, including Case Managers and Peer Support, and providers meet with Child Welfare each month to review the overall program. Other groups, including the Drug Court steering committee, Local Alcohol and Drug Planning Committee, CCOs and community service agencies work with providers during their monthly meeting.

The goal of the Josephine County Drug Court is to provide participants with the incentive, encouragement, support, treatment, the opportunity to make changes in their lives. The JCDC is a court-supervised, comprehensive chemical dependency treatment

program. Individuals with a felony drug charge must be deemed eligible by the District Attorney's (DA) office to be admitted into the program. Charges can include possession of a controlled substance, low level delivery, and manufacturing for personal use. Drug related probation violations and property crimes may be admitted. Once the individual is deemed eligible, they are directed to attend an orientation with the Program Coordinator at the Southern Oregon Public Defender's office. At that point, they are added to the Drug Court Docket at the next available day. Josephine County involves the community and clients in Drug Court Theater. Graduates from Drug Court hold a graduation where federal, state, and local elected officials attend. Families are celebrated in the Drug Free Babies program and there have been 295 graduates and 27 babies born "drug-free" since the program's inception.

Problem gambling treatment funds are utilized to provide short term, inpatient crisis stabilization for pathological gamblers who are unable to break the cycle of gambling and are at risk for suicide. Options has a unique residential program offering services such as inpatient treatment and crisis stabilization for clients that are mentally ill and experiencing co-occurring disorders. Pathological gamblers often present with co-occurring disorders and are a high risk for suicide. This comprehensive program addresses these issues in a safe, monitored environment staffed by a psychiatrist, RNs, mental health professionals and associates as well as counselors certified to treat alcohol, drug addiction abuse or addiction and pathological gambling addiction.

Options also provides assessment and treatment services for individuals who meet diagnostic criteria defined by OHA for problem or pathological gambling, but who are not in need of 24-hour supervised care for effective treatment. An array of individual, group, and family services is provided, as clinically indicated. Services also include intensive step-down interventions for individuals who are in transition from crisis resolution inpatient care.

OHA Problem Gambling Treatment enhancement funds have been utilized to provide short-term, inpatient crisis stabilization services for pathological gamblers who have been unable to break the cycle of gambling with less intensive services, and who may be at risk for suicide. This service component is available to consumers throughout the state, with referrals coming from all of Oregon's Problem Gambling Treatment Programs.

Presently Josephine County has subcontracts with ADAPT and Choices Counseling Center to provide treatment enhancement services for high-risk youth and families. Josephine County's outreach model has been based on SAMHSA Evidence Based Practices for intervening early in the course of youth substance use and provides a continuum of regularly scheduled outreach services in high schools and juvenile corrections settings. There is a continuum of regularly scheduled outreach services at Josephine County high schools, middle school and juvenile correctional settings including substance abuse screening, early intervention, consultation,

facilitated treatment referral, participation in clinical staffing, minor in possession classes, and aftercare services. In addition, Choices Counseling partners with Options to provide a part-time substance abuse counselor on the multi-agency Functional Family Therapy Team that serves youth at high risk of juvenile crime/recidivism, substance abuse, and/or serious emotional/behavioral disorders.

At the present time, with drug-free housing “special projects” funds, the Options Housing Coordinator manages all aspects of Options recovery home for their women and their children (Freedom House) is one of Options drug-free housing facilities and provides a wide array of services, including interagency networking, staffing referrals from multiple agencies including Corrections, screening clients for appropriate placements, coordination of mental health, chemical dependency, and housing services. Additionally Options staff provides oversight of house management, recovery plans, transition to longer-term housing, conditions of probation/parole, and monitoring support group participation. Josephine County Corrections provide similar services for men through the Ferguson House.

The local community action agency, Umpqua Community Action Network (UCAN), receives drug-free housing funds to provide transitional rental assistance funding for adults in recovery who have dependent children. The Community Action housing coordinators manage the processes of interagency networking, eligibility determination, application submission and review, identification of other community resources, and funding allocation to priority clients for this program. It is the intent that Umpqua Community Action will continue to provide these services and will provide access to their multiple sources of transitional and longer-term housing, energy assistance, and tenant education resources for clients served by this project.

Josephine County currently has 11 residential beds allocated and funded by OHA. At this time, three of the beds are dual diagnosis beds through the Options Crisis Resolution Center (CRC) in Josephine County. These beds are targeted at the provision of chemical dependency services for clients with dual diagnosis issues that are fully integrated with mental health services as part of the residential crisis resolution process. OnTrack provides five adult alcohol and drug treatment beds in Josephine County and three Jackson County “mom and dad” beds designated for Josephine County residents.

Currently Josephine County has subcontracts with ADAPT and Choices Counseling Center, Josephine County Community Corrections, OnTrack and Options to provide case management, clinical care assessment, counseling, treatment, and after-care services for indigent adults and youth who are abusing or dependent on alcohol and/or drugs. Options provides outpatient alcohol & drug treatment services for clients with dual diagnosis issues.

Josephine County has a very active recovery community with meetings that are “friendly” to many sub-populations or cultures. Mental Health and Addictions treatment programs actively engage individuals who are in treatment into these community recovery groups and promote and facilitate individuals getting a “sponsor” to help ensure a sustainable recovery. There is a Recovery Fair hosted annually by all recovery groups in the county. There is also an Oxford home and independent, supported and transitional housing for those with mental health and/or co-occurring disorders.

There is a Celebrate Recovery group- which is a faith based program for all individuals in recovery. There is a Dual Anonymous Recovery group on the CRC campus. In Josephine County there is a Gambling Anonymous group. There are also multiple Alcoholic Anonymous and Narcotics Anonymous meetings available.

- **Crisis and respite services**

Many of Josephine County’s needs for crisis and respite services are provided via the Crisis Resolution Center (CRC) in Grants Pass. The center is licensed as a class two facility with five beds designated as Secure Non-Hospital Hold where treatment is provided to stabilize individuals who are a danger to themselves or others as a result of their mental illness. Commitment hearings are held on – site and 14 day diversions are also available. The CRC also provides crisis respite beds for voluntary diversion or step down from acute and state hospitalization. Families are encouraged to participate in the individual’s recovery. Crisis and respite services are provided 24 hours per day, 7 days per week. A crisis hotline is operated these same hours and is staffed by Options for Southern Oregon personnel. Options Master’s level therapists provide 24/7 response to the local emergency room for all persons presenting in crisis. The Options Crisis Resolution Center (CRC) also has contracts to provide for the regional acute care needs for mentally ill individuals in the region.

The CRC staff provide mental health assessments, develop and coordinate individualized treatment plans, crisis intervention, and intensive short-term case management and counseling to promote readiness for step-down or diversion from acute care services. The CRC offers specialized treatment for individuals with co-occurring chemical abuse and dependency as well as education and treatment for the compulsive gambler or their family. The CRC is fully licensed as a Secure Residential Facility, certified as a Non-Hospital Hold and as a Residential Alcohol and Drug Treatment Program by the Addiction & Mental Health Division of the State of Oregon, and is also recognized as a problem gambling treatment center.

Child respite services are available in via community placements and are accessed via Options children's program.

- **Services available to required populations and specialty populations**

Josephine County has an extensive network of services and supports for individuals of all ages who have a co-occurring mental health and substance abuse disorder. Specialty populations that Options works with include our supported employment program working with VA centers to develop job opportunities for local veterans. Options has a problem gambling specialist to focus exclusively on issues faced by those clients. Options also contracts for mental health services for migrant individuals in the rural Illinois Valley of Josephine County.

There is a high level of coordination between Options and acute care services for consumers who are Josephine County residents, particularly for indigent clients and members of the Oregon Health Plan. Options manages three long-term extended care facilities in Josephine County: Hugo Hills, Ramsey, and Carnahan Court. These facilities have an excellent track record in facilitating the smooth transition of consumers to lower levels of care or less restrictive levels of care such as non-secure residential treatment facilities, enhanced foster care, or foster care homes. Options manages four affordable, independent housing projects for individuals with psychiatric disabilities in Josephine County: Red Oak Manor, The Willows, Blackberry Knoll and the Cedars which opened in August of 2012. Options also remodeled an apartment to meet the needs of chronically homeless individuals, Manzanita in 2010 for individuals with psychiatric disabilities. Options owns and operates a transitional supported apartment for women in recovery and their children and has received grant funding to build another such project in 2013. In 2012 Options developed Northglen, a supportive housing project that provides five individual apartments in Josephine County for adults with mental illness who are in recovery from substance use disorders.

For foster care in Josephine County, all children taken into care by Child Welfare are referred to Options for an access/screening to determine their need of care. Department of Human Services (DHS) Child Welfare caseworkers sign for the treatment and are involved in the treatment planning. The foster parent is often involved in the actual treatment. Clinicians are available to foster parents for consultation. If the child is in Intensive Community-Based Treatment and Support Services (ICTS), the foster parents and the DHS caseworker are on the Child and Family Team. Options clinicians are involved in DHS meetings regarding planning for the children and involved in the Citizen Review Board process and in court when needed. Options Children's Resource Team Manager is involved as part of the training of new foster parents. Options offers parenting classes to both foster parents and DHS mandated

parents.

To advocate for local seniors and people with disabilities Options Case Management Program Supervisor attends Josephine County's monthly Multidisciplinary Team Meeting comprised of representatives from the County Developmental Disabilities program, Area Agency on Aging, Protective Services/Office of Investigation And Training, County District Attorney's office, each local law enforcement agency, at least one local advocacy organization for vulnerable adults, the medical community, and any other organizations the MDT determines is necessary to meet the needs of the community. Ad hoc meetings are requested to coordinate services for individuals not currently being served by Options who may be in need of mental health services and there are weekly crisis services coordination meetings at Options' Crisis Resolution Center.

There is a high level of coordination between Options for Southern Oregon and acute care services for consumers who are residents of Josephine County, including indigent clients and members of the Oregon Health Plan. Josephine County's extended care facilities have an excellent track record in facilitating the smooth transition of consumers to lower levels of care or less restrictive levels of care such as non-secure residential treatment facilities, enhanced foster care, or foster care homes. In addition the use of the Crisis Resolution Center as a hospital step down or diversion program and the Assertive Community Treatment Program ensure those with severe mental illness avoid or limit psychiatric hospitalization.

Options for Southern Oregon provides case management, monitoring and reporting services for Josephine County residents who are under the supervision of the Psychiatric Security Review Board (PSRB) and who are discharged back into our community. This funding occurs on an individual basis and has also been used to assist with foster home care when necessary.

Options for Southern Oregon provides Pre-Admission Screening and Resident Review (PASARR) assessments, nursing home outreach services, and consultation to community partners regarding the specialized needs of seniors with mental health, dual diagnosis, or substance use issues.

- **Activities that support individuals in directing their treatment services and supports**

Activities supporting individuals in directing their services and supports occur across the service spectrum. For higher need children and families, child and family teams are identified at the time of assessment and are specific to each family's needs and wishes. An individual therapist who provides the assessment and needs determination will, in most cases, become the care coordinator for that

family. A County Care Coordinator has been designated to oversee the tracking of all children in all levels of ICTS and Intensive Services. Additional services are sought on a case-by-case basis depending on what the family needs and wants. These additional services could include Functional Family Therapy, parent training, psychiatric services etc. Arrangements are being made with the local Juvenile Shelter to provide respite for children in ICTS as well as for children not in ICTS but in a mental health crisis that will likely respond to a few days in a structured setting removed from the family. Several other options for respite are being explored, as this is one of the highest priorities for families in this area.

Youth Advisory Committee (YAC) is comprised of youth ages 12-20 that have personal experience with the local mental health system. They volunteer their time to help Options look at ways to improve helping kids and families in our community. KAIROS, a mental health agency who contracts with Options and also OHA, works with emotionally at-risk youth, their families and their communities to help them build on their strengths and find solutions to their challenges. KAIROS primary objectives are to provide high quality services in residential and community settings; to develop partnerships with parents and the community in the delivery of these services; to advocate for youth suffering from chronic and persistent mental illness and their families; and to seek to continually improve services through performance measurement and quality improvement activities. Functional Family Therapy (FFT) is a specialized treatment program within the children's department at Options. The focus of this form of therapy is to be able to provide treatment for youth to keep them out of the criminal justice system. This counseling service is for the whole family, and helps to decrease the recidivism of those already in the system.

The overall goal of Options new collaboration with DHS, the Family Care Collaborative (FCC), is to reduce children's length of stay and frequency of episodic contacts in foster care by increasing participation and integration if family and foster care providers are in family therapy. The program will serve children and families who are: a) At risk of foster care placement and have an open child welfare case, b) Families that are willing and available to participate, and c) Children who are currently in foster care.

Options utilizes the following person centered evidence based practices for mental health services that are specific to the identified population; Assertive Community Treatment (ACT), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing, Consumer Run Drop-in Centers, Functional Family Therapy and Strengths Model of Case Management. Options also utilizes the Peer developed and delivered Wellness Recovery Action Plan (WRAP) which is an evidence based system designed to promote higher levels of wellness, stability and quality of life, decrease symptoms and costly treatments and raise the level of hope and encourage clients to work towards wellness. All these models are carried out with sensitivity to cultural diversity and learning styles.

Programs provided by community partners include “Health Literacy” a program to promote better parenting and knowledge of how best to use the health system; “Living Well” created by Stanford University to help clients with chronic disease develop the skills needed to take control of their life; “Quit for Life” a smoking cessation program; “Ready Now” a program to help vulnerable clients prepare for emergencies; “Senior Synergy” to keep seniors living independently while self-managing their chronic conditions; “Project Obesity” in partnership with the YMCA; among others. Over the last two years, Options along with its regional Community Mental Health Programs embarked on a Performance Improvement Project (PIP) with its regional health plans. Because of the high rate of smoking in the SMI population, and the high health risks associated with smoking, the PIP focused on referral to smoking cessation programs. Over the two years, Options increased its rate of referrals to smoking cessation programs from 33% to 90%. This compares to a regional rate of 47%.

Options has been a long supporter both financially and through grant writing assistance, of Josephine County’s consumer-run drop-in center “The Union.” The Director of the Southern Oregon chapter of the National Alliance on Mental Illness is on the local Mental Health Advisory Board. Currently Options employs Peer Support Specialists who assist clients with community engagement, education staff on the consumers perspective of chronic illness, help clients transition from one level of care to others and provide advice and support from a “been there” perspective. Peer Specialists and Family Advocates with NAMI, Options and The Union also organize and facilitate “Peer to Peer” classes, “In Our Own Voice” presentations, “Family to Family” classes, and a Wellness Recovery Action Plan (WRAP) program that teaches participants how to identify what makes them well, and then to use their own wellness tools to relieve difficult feelings and maintain wellness. WRAP, though developed by people who experience mental health challenges, is transferable to other chronic conditions. Options also hosts the Dual Diagnosis Recovery on its CRC campus. This is a peer run recovery support group based on the 10 step model, and started by graduates of Options dual diagnosis treatment programs.

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

Josephine County relies upon its accomplished service providers and strong community partnership networks to ensure that planning for mental health, addictions treatment and prevention, and gambling services considers a full range of community mental health needs. Services for addictions are contracted through the LMHA and coordinated and reviewed via monthly provider meetings and monthly LADPC meetings. The roles of the CMHP and subcontractors are thoroughly discussed in section 1)a of this plan, “treatment and recovery”, and are presented here again, in brief.

Options provides co-occurring inpatient and outpatient services, residential gambling stabilization and outpatient services.

ADAPT treats a variety of clients affected by substance abuse and addiction, as well as a myriad of other related personal and family problems. ADAPT has been consistently involved in the Substance Abuse Community Action Team (SACAT) and the Local Alcohol and Drug Planning Committee (LADPC). ADAPT has also collaborated with multiple agencies relative to referral processes, and has provided consultation services to community members.

Choices Counseling Center for substance abuse addiction, has been a supporting member of the Substance Abuse Community Action Team (SACAT). Choices also provides training for CASA volunteers upon request. Choices is the designated treatment provider for the Josephine County Drug Court.

In addition to providing treatment, Josephine County Community Corrections Substance Abuse Treatment Program provides communication regarding substance abuse effects, and treatment via media campaigns, brochure distribution, attendance at health fairs, and speaking engagements to/for the public and to/for community partners. This program also serves as a resource for Josephine County employers.

Ontrack provide inpatient and outpatient addictions services as well as inpatient services specifically geared toward mothers and their children and fathers and their children.

Josephine County Juvenile Justice reports to school districts once each month, advising of all youth on probation and their offences including those involving substance abuse. Juvenile Justice also prepares available brochures and other documents at the division concerning substance abuse.

Options for Southern Oregon, Kairos and Family Solutions, in collaboration with community partners such as DHS Child Welfare and Juvenile Justice, provide a broad spectrum of mental health and co-occurring services for children, adults and families within Josephine County. These services encompasses a range of contractual and MOU relationships with community partners including the schools, early intervention programs, social service programs, corrections, CMHP, county and state etc. Services are coordinated through a variety of stakeholder and quality assurance meetings that include community partners and peer and family voice.

Information on these activities is also communicated to and from the MHAB and LADPC which include county commissioner participation and the CCO Community Advisory Councils which include recipients of services and community partners. These organizations provide:

- Secure and non-secure residential treatment for adults and youth
- Hospital diversion, crisis respite, non-hospital hold
- 24/7 crisis response
- Jail diversion services
- Mental Health Court
- Clinical expert liaison with corrections, development disability and CCOs
- Drug Court
- Respite Foster Care
- Therapy and Skills Training
- Supported Employment and Education
- Assertive Community Treatment
- Strengths Based Case Management
- Therapy, skills training, embedded in schools for children
- Children's WRAP program
- Intensive Community Treatment Services (ICTS) including Day Treatment, BRS and Therapeutic Foster Care
- Adult Foster Care
- Independent, Supported, and Transitional Housing
- Functional Family Therapy
- Children WRAP services and Family Care Collaborative
- Co-occurring and gambling inpatient and outpatient services
- Supervised Visitation
- Care Coordination and Transition supports

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

The two Coordinated Care Organizations (CCOs), AllCare and PrimaryHealth, operating in Josephine County increased their collaborative work with the LMHA during the development phase of the CCO process. These collaboration efforts continue now as the CCOs are in place. Executive staff from the CCOs including the CEOs, Quality Assurance Managers, Chief Operations Officers, Financial Officers and Medical Directors and have initiated and participated in a variety of meetings with Josephine County's Community Mental Health Program (CMHP), Options for Southern Oregon and County Commissioners regarding CCO development and services. These meetings have served as both educational forums for both parties regarding their roles and responsibilities, what those roles would be under the CCO and how these roles are progressing. Of particular note are discussions around the intersection of services for CCO members and the services for both Oregon Health Plan and indigent individuals currently being provided by Options (mental health and co-occurring disorders) and its subcontractors and those services provided by substance abuse treatment providers. All parties agree that the safety net that has been in place for our county's most vulnerable citizens, which includes those with public insurance and those without, must be at a minimum maintained and where possible, expanded. These CCOs have within their service area an acute care hospital diversion program and co-occurring residential treatment program, Options Crisis Resolution Center, which serves the three CCO counties including Josephine. This program is an example of the type of financial efficiencies and improved quality of care that can occur for all county citizens when funding streams are combined. The CCOs are very supportive of these endeavors and are increasing their efforts at care coordination of these high need clients via inter-agency high utilizer meetings and care coordination meetings. The development of the global budget under the CCOs is taking into account the manner in which services are currently provided and funded. The CCO global budgets are being designed in a manner that does not disrupt service delivery but actually enhances the overall mental health care system. Both CCOs are providing technical support, education and financial support for the development of a Person Centered Primary Care Home (PCPCH) within Options' adult outpatient clinic. Stakeholder group meetings set up prior to the formation of the CCOs that include community members and stakeholder agencies continue to meet to share information and identify gaps in the system. The CCOs are working with the LMHA to transition regional services previously under our MHO, Jefferson Behavioral Health. The larger CCO in Josephine County (AllCare) has a Commissioner Council as part of its CCO structure which facilitates planning and information dissemination and feedback. The Director of Options for Southern Oregon, CMHP, sits on the governance board of both CCOs in Josephine County and representatives of the public health department and county alcohol and drug program as well as other representatives from Options actively participate on the CCOs community advisory and clinical committees. This participation ensures that the needs and interests of those represented by the LMHA are incorporated into every area of planning, development and implementation of the CCO system of care.

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

| <b>MHAB Representation</b>                 | <b>MHAB Member</b> |
|--------------------------------------------|--------------------|
| <b>A &amp; D</b>                           | Skip Alexander     |
| <b>IV</b>                                  | Linda Stohlman     |
| <b>Clergy</b>                              | Jim Brumbach       |
| <b>At Large</b>                            | Gary Larson        |
| <b>At Large</b>                            | Janet Bell         |
| <b>At Large</b>                            | Cheryl Brown       |
| <b>Developmental Disabilities Services</b> | Gail Renius        |
| <b>Juvenile</b>                            | James Goodwin      |
| <b>NAMI</b>                                | Pat Garoutte       |
| <b>DD Consumer</b>                         | Darrell Flaim      |
| <b>Legal</b>                               | Peter Smith        |
| <b>Medical</b>                             | vacant             |
| <b>Law Enforcement</b>                     | vacant             |
| <b>GP Schools</b>                          | vacant             |
| <b>BCC</b>                                 | Keith Heck         |
| <b>Options</b>                             | Karla McCafferty   |

Josephine County- Local Alcohol and Drug Planning Committee

The Josephine County Board of Commissioners continues to advertise through newspaper and on-line for applications to the Local Alcohol and Drug Planning Committee with emphasis on recruitment in the areas of recovery community, faith-based, and geographic representation.

Advisory Member Roster:

| <b>NAME</b>                        | <b>REPRESENTATION</b>                         |
|------------------------------------|-----------------------------------------------|
| Lesley Donaghy, Chair              | Public Safety                                 |
| Skip Alexander                     | Mental Health                                 |
| Ernie Baldwin                      | Grants Pass School District No 7              |
| Ardy Birkmeyer, Vice Chair         | Department of Human Services, Outreach        |
| John Chambers                      | Member At Large                               |
| James Goodwin                      | Juvenile Justice                              |
| Commissioner Keith Heck            | BOCC Liaison                                  |
| <b>STAFF:</b>                      |                                               |
| Janet Bell, Contract Administrator | Director, Commission on Children and Families |
| Shawn Martinez                     | Josephine County Prevention Coordinator       |

## 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.

As the first step in this collaborative community health assessment, the authors of this document reviewed the spectrum of recent community assessments that have already been completed in one Josephine County.

- Josephine County Public Health 2012-2013 Annual Plan
- Josephine County's Epidemiological Data on Alcohol, Drugs, and Mental Health 2000-2010
- UCAN Community Assessment
- ASANTE Community Needs Assessment
- Options for Southern Oregon Strategic Plan Update 2011-2015 (based on environmental scan including community survey)
- Student Wellness Survey
- 2010 Community Readiness Survey

- MHAB Services Survey

Both the MHAB and LADPC participated in the process of input into this assessment through participation in meetings, discussions with authors and via survey.

An analysis of the above mentioned reports and the results of the to identify common needs data, topic areas or specific populations with acute health needs, overarching themes, key trends, and community conditions that impact health status. Particular attention will be paid to health disparities data.

Feedback was gathered from local agencies that directly provide services to clients in our community via EQI discussions. Peers and family sit on both the MHAB and LADPC and their wishes and needs were gathered as well via the Options Strategic Plan and the UCAN and ASANTE needs assessments. Family voice is a strong component of many of the children’s meetings in Josephine County and input from recent WRAP meetings focusing on the transition of health care under the CCOS and service gaps helped inform this document as well. Family members requested education regarding “who does what,” where to go, and even who can help even with things such as filling out forms for services.

The Local Alcohol and Drug Planning Committee and subcommittee contributed to numerous sections and also had primary responsibility for the chemical dependency section of this plan. Information was solicited from numerous groups, both formally and informally, in the preparation of this document. Previous biennial plans were also used to provide context and continuity, where warranted.

During the last LADPC meeting design and implementation of the 2013-15 BIP was discussed at length. A list of existing gaps in services were identified by the LADPC board, including

- Clean and sober housing, including residential treatment
- Detox facility that includes wraparound services for adults
- Juvenile shelter and detention facility
- Residential treatment and services for youth
- Middle School interventions
- Whole family support for those in treatment
- Further development of peer-peer relationships

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

The community needs assessment engaged partners, stakeholders, elected officials, MHAB and LADPC Members and community members in soliciting information around strengths and needs. Relevant data such those reports noted in question 2)a were reviewed and incorporated. The authors of this report sought to understand the gaps in the system particularly from the family and peer perspective. One interesting observation from the LMHA and CMHP is that there are many services and supports here in Josephine County given its rural nature and low socio-economic status. It is important to note that this view is in relationship to the level and types of services available in other counties in the state. Peers, families and partner organizations still note many areas of need and that education is still required to help all members of the community understand what is available for mental health and addictions treatment and supports in our community. As well, there is a lack of adequate services for the indigent for both mental health and addictions. This community needs assessment enabled us to identify priority issues and plan interventions to address these issues. It served as a catalyst for a dialogue with many stakeholders as to what was perceived and real need. The Asante documents helped identify how we in Josephine County are doing relative to the rest of the state and nationally for shared population. EQI meeting minutes provided additional information on community agency's ability to access services and what they feel is strong or missing. Interestingly, even though we have many collaborative programs with community partners, there remains a strong request for interagency education, communication and coordination.

The overarching feedback regarding services in Josephine County identified areas of strengths and innovation, yet need in terms of services that were not available and that access is limited to non-OHP members. Also, there is a need for more and different services for specialty populations such as Corrections and those with Axis II needs.

The LADPC, public safety, the local mission and A&D providers all note that residential treatment for addictions and a detox facility are high needs. This supports work being done locally to garner support and funding to assist with the collaboration efforts of these entities to address the detox issue. Family members requested education regarding "who does what," where to go, and even who can help even with things such as filling out forms for services. A review of Josephine County's demographics confirms what is already known regarding the low socio-economic status of our county and its impact on mental health and addictions.

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

The community needs assessment process has significant feedback from entities focused on quality improvement. ADAPT, as a member of the Josephine County Providers Association, participates in monthly meetings, a part of which includes discussions about the nature and effectiveness of the overall services being provided by the group to area consumers. Choices Counseling Center (CCC) has been a part of OHMS Quality Improvement Committee. In recent years, all of the treatment providers have formed a local Providers Network. At that level, we have reviewed information given to us by the County having to do with issues such as rates of terminations from our programs, utilization of certain funds earmarked for specific populations and workforce development issues.

The Josephine County Prevention Council (an advisory group to the Local Alcohol and Drug Planning Committee, LADPC) formed a Sub Committee to draft a 2013-2015 prevention plan. The Sub Committee using the SPF (Strategic Prevention Framework) model began assessing substance use / problem gambling date. The committee looked at an array of assessments and data and provided feedback to the Prevention Council and LADPC.

The MHAB dedicated several meetings to the BIP process providing their perspective on current services and supports available in the community as well as identifying service gaps. They also gave feedback via a short survey monkey on mental health services and supports. Their feedback in incorporated into this document, especially in the strengths and needs section below.

During the last LADPC meeting design and implementation of the 2013-15 BIP was discussed at length. A list of existing gaps in services were identified by the LADPC board, including

- Clean and sober housing, including residential treatment
- Detox facility that includes wraparound services for adults
- Juvenile shelter and detention facility
- Residential treatment and services for youth
- Middle School interventions
- Whole family support for those in treatment
- Further development of peer-peer relationships

Options facilitates quarterly QA/QI meetings meeting that incorporate multiple community partners including both CCOs, corrections, addiction treatment etc. These meetings include, as a standard agenda item, discussion and information sharing on current services and supports across the spectrum of social services as well as the gaps. Minutes from these meeting were reviewed to help inform this document.

**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.**

| Area                       | Strength or Area for Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plan to Maintain Strength or Address Areas Needing Improvement                                                                                                                                                                                                                                                                                                                                   |
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| a) Mental Health Promotion | Josephine County has a strong history of developing and promoting strengths based services that are community based, occur in natural settings and promote individuals with mental illness to engage in developmentally appropriate activities. Our cultural and systemic shift years ago from adult day treatment programs to a strong fidelity based <b>Supported Employment</b> program which facilitates “real work” competitive employment for adults is one example of this. Others include but are not limited to: <b>Supported Education</b> wherein support is imbedded on the community college campus, <b>Mental Health Court, Independent, Supported</b> | There is strong support within our community to continue these areas of mental health promotion. The current challenge is that as programs that operated on a Fee for Service basis within our community are being moved under the CCO structure which is more regional, Options funding for these programs is being adversely affected. We are in communication with OHA to address this issue. |

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|                                     | <p><b>and Transitional Housing</b>, child and family <b>WRAP</b> services to limit multiple foster care placements and support family cohesiveness, our newest <b>Family Care Collaborative</b> program with DHS Child Welfare wherein biological families are mentored by foster care providers and family therapy is provided in the home, mental health services imbedded in the school system and <b>Functional Family Therapy</b> for adjudicated youth and their families in addition to multiple consumer and advocate based committees.</p>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>b) Mental Illness Prevention</p> | <p>Options has put in place several educational classes for the community and does speak at schools, civic organization and other venues about mental illness and factors that may contribute to it. Our recent collaborative projects with our local DHS Child Welfare are aimed at identifying families that are struggling and intervening at an early stage to help address and change behavior patterns that impact on the mental health of youth. Options Children’s Resource Team also offers classes for parents and guardians and the evidence based Parent Child Interaction Therapy,</p> | <p>We are interested in developing an EASA program to intervene early with young adults to prevent longer term chronic mental health condition. It is our understanding that there may be some seed money available via the flex funding SE to assist in getting this program started. As well, Options is working with the CCOs in the area to develop a plan to increase mental health prevention efforts in our county.</p> |

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|                                      | <p>all of which inform and educate parents and guardians as to healthy family relationships, developmental milestones, and provide practical tools to use in parenting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>c) Substance Abuse Prevention</p> | <p>Josephine County has a strong collaboration of agencies, treatment providers, schools and community members that work to reduce substance use. Focus Teen Council is a group of Middle and High School Students that play a key role in developing messages and work on environmental strategies. Community trainings for parents, educators, adults and youth have had overwhelming responses in attendance. The Josephine County Prevention Council is a cross representation of many different prevention areas that work to cross barriers and incorporate suicide, domestic violence, gambling, homeless, healthcare, youth organizations within the work or clients they serve, whether it be the whole community or individuals. The Substance Abuse Community Action Team (SACAT) is a former DFC grantee and has been able to continue their efforts with little or no funding. The Social Network of</p> | <p>Increase community involvement in and awareness of Josephine County's substance abuse prevention programs. Josephine County will continue to take the lead role in the Prevention Council and Focus Teen Council as well as actively participate with SACAT, SNAP and any agency or community group working on substance use, abuse, and misuse issues/strategies. The County Prevention Coordinator will reach out to business in the County to encourage involvement.</p> |

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|                                                                                                                                   | Prevention Advocates (SNAP!) provides youth activities in partnership with a local youth organization.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |
| d) Problem Gambling Prevention                                                                                                    | The collaboration between the County Prevention coordinator and the outreach/treatment coordinator has helped to increase the awareness of problem gambling.                                                                                                                                                                                                                                                                                                                                                                                       | Treatment and Prevention Coordinator will continue to actively work together and collaborate.                                                                                                                                                                                                    |
| e) Suicide Prevention                                                                                                             | Three Rivers school district provides up to a week long education on suicide and suicide prevention within its health classes in the High School. Imbedding mental health therapists and skills trainers in all the schools in the city and county enables teachers to identify and refer students who they may be concerned about or at risk. Options staff and community partners are regularly take part in "ASSIST" which educates professionals and non-professionals in identifying suicide risks and how to appropriately get someone help. | Continue to address the need to educate and provide suicide prevention services in schools and community as the suicide rate in this state is higher than national average. Continue to education the community regarding the toll that suicide takes and how Josephine County can address this. |
| f) Treatment: <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Addictions</li> <li>• Problem Gambling</li> </ul> | Full continuum of services for those with mental health and co-occurring disorders: <ul style="list-style-type: none"> <li>• secure and non-secure residential treatment for adults and youth,</li> </ul>                                                                                                                                                                                                                                                                                                                                          | Capacity not always adequate to meet need due to limitation of resources. This is particularly true for those without insurance. Options works with community partners such as Addictions, Corrections, the Courts, Head Start, Schools,                                                         |

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|  | <ul style="list-style-type: none"> <li>• hospital diversion, crisis respite, non-hospital hold</li> <li>• jail diversion</li> <li>• Mental Health Court</li> <li>• Clinical expert liaison with corrections, development disability and CCOs</li> <li>• Drug Court</li> <li>• Crisis Resolution Center</li> <li>• Supported Employment and Education</li> <li>• Assertive Community Treatment</li> <li>• Strengths Based Case Management</li> <li>• Therapy, skills training, embedded in schools for children</li> <li>• Children’s WRAP program</li> <li>• Intensive Community Treatment Services (ICTS)</li> <li>• Independent, Supported, Transitional Housing</li> <li>• Functional Family Therapy</li> <li>• WRAP</li> <li>• Co-occurring and gambling inpatient and outpatient services</li> <li>• Faith based support for trauma, crisis, divorce etc.</li> <li>• Women crisis support for DV, trauma</li> <li>• LoveJoy Hospice provides grief support for adults and children</li> </ul> | <p>UCAN and Developmental Disabilities programs to try and pool resources in order to provide a broader scope of services for individuals in need. As well, our service community is actively engaged in grant writing to increase the number of services and supports we are able to provide.</p> <p>Area of continued need:</p> <ul style="list-style-type: none"> <li>• Collaborative efforts and services between APD (particularly seniors) and mental health.</li> <li>• Medical Detox center for addictions</li> <li>• Benefit of a local methadone clinic needs to be addressed</li> <li>• Treatment approaches regarding medication in substance abuse treatment programs</li> <li>• Continuing need for services for those without benefits to pay for them</li> <li>• Increased funding for family advocates and peer supports</li> <li>• Dual diagnosis services and housing</li> </ul> |
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| <p>g) Maintenance/Recovery Support<br/>(Include specifics pertaining to mental health, addictions and problem gambling treatment)</p> | <ul style="list-style-type: none"> <li>• Recovery Fair hosted annually by all recovery groups in the county</li> <li>• Mental Health Court, Drug Court</li> <li>• Dual Diagnosis linkage with self-help groups</li> <li>• Freedom House, transitional recovery home for Women and their children, etc.,</li> <li>• Oxford home</li> <li>• Independent, Supported and Transitional housing for those with mental health and/or co-occurring disorders</li> <li>• Celebrate Recovery-faith based program for all individuals in recovery</li> <li>• Dual Anonymous Recovery on CRC campus</li> <li>• Gambling Anonymous</li> <li>• Hi/low club-recovery environment and programs for youth and adults</li> <li>• Multiple Alcoholic Anonymous and Narcotic Anonymous meetings</li> <li>• “WRAP” Wellness Recovery Action Plan education for those in recovery from mental illness</li> <li>• The Union, peer run-drop in center for adult with mental illness</li> <li>• YAK, young adults support and</li> </ul> | <p>Josephine County has a very active recovery community with meetings that are “friendly” to many sub-populations or cultures. Mental Health and Addictions treatment programs need to continue to actively engage individuals who are in treatment into these community recovery groups and promote and facilitate individuals getting a “sponsor” to help ensure a sustainable recovery.</p> |

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|                                                                                                                                                         | <p>community service group facilitated by Options</p> <ul style="list-style-type: none"> <li>• Faith House</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>h) The LMHA's Quality Improvement process and procedure</p>                                                                                          | <p>Community represented external QA/QI committee which meets quarterly and is comprised of a membership that includes CCOs and exceeds expectations of OHA. CMHP work plan developed and shared in consultation with external QA/QI committee and MHAB.</p> <p>Internal QA/QI team at Options reviews all new policies and procedures, work flow and outcomes are evaluated. Internal QA/QI committee is comprised of Options QA/QI team members, Options and subcontractors' managers and QA personnel. This committee meets monthly to review incidents, grievances, progress on initiative and mandates, compliance with contracts and regulations etc.</p> <p>Options QA personnel are also members of the CCOs QA/QI committees and clinical panels.</p> | <p>Options is in the process of implementing an electronic health record which will enable us to define and review outcomes in a more systematic manner.</p> <p>Incorporate dissemination and discussion of outcome data information as directed by Department of Justice, CCOs and the Addictions and Mental Health Division Flex spending into meetings. Develop plans to address areas of need as evidenced by this outcome data.</p> |
| <p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p> | <p>Josephine County has a long history of service coordination and collaboration among social service and safety net organizations. This is evidence by the braided funding and collaborative projects that occur across systems and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Having treatment housing for families with substance abuse issues in Grants Pass.</p> <p>Lack of safe affordable and emergency housing for families, Lack of safe sober housing for families who need A&amp;D Treatment. Housing options for parents who have felonies or criminal records.</p>                                                                                                                                       |

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|  | <p>organizations such as:<br/> Mental Health Court and Drug Court in our county are collaboration projects with the Courts, Corrections and Options and/or Choices Counseling Services a substance abuse recovery agency.</p> <p>Functional Family Therapy is a joint program of Choices and Options in conjunction with the Juvenile Justice Department. This program diverts youth from the corrections system.</p> <p>Housing collaboration efforts include development, first and last month payments, energy assistance, emergency housing funding, case management and application assistance and service delivery, peer support and recovery oriented activities all contributed to by UCAN/Community Action, Housing Council, Options, Substance Abuse Agencies, and faith based organizations.</p> <p>The Vocational Rehabilitation Center works closely with Options and our Supported Employment Program in assisting clients to begin working or return to work, offering education, funding and other resources.</p> <p>Options and Rogue Community College</p> | <p>Continue to develop coordination and collaborative systems that are seamless and help the consumer navigate the myriad of social service systems that are available. Families involved with DHS Child Welfare remains an area with much unmet need as does the geriatric population-those “aging in place and affordable and supported housing for special needs populations. Continue to address need for on-going communication with community and partners regarding the development of services, access and the coordination of services across systems. Public Safety system overburdened with lack of public support for funding for patrols and jail beds. This impacts on ability to get people, who interface with the public safety system, into treatment as it is difficult to engage these individuals into mental health or drug court without the public safety “bumpers.” Work with public safety on funding efforts, alternatives such as detox and mobile crisis.</p> |
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|  | <p>form our fidelity based Supported Education Program for those in recovery from mental illness. This program helps students navigate the system of enrollment, tuition assistance and provides guidance and support throughout their education.</p> <p>Corrections and Options share a mental health therapist who is imbedded in the jail, probation and parole system. Shared personnel who work across systems are also in place or being developed with developmental disabilities, Head Start, schools, physical health/CCOs and DHS Child Welfare.</p> <p>Options personnel are forming a strong alliance with Adults and Persons with Disabilities educating each other about the respective systems and providing joint care coordination and planning on high need cases. The CCOs are involved in this process as well.</p> <p>Currently there is transitional housing with a mental health focus available through Options. Shelter placement for women with children. A&amp;D Treatment with family housing is located out of county. DV shelter in county but clients are waitlisted. No short term</p> |  |
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|                                                                                      | emergency placements for teens available in the county.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |
| j) Behavioral health equity in service delivery                                      | Challenging to provide adequate services to those without insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Continue to pursue grant funding both state and federal for areas of need. Work to get indigent individuals enrolled onto OHP prior to and after OHP expansion in 2014.                                                                                                                                                                                                                            |
| k) Meaningful peer and family involvement in service delivery and system development | Peer support and family voice is present in children's unit and adult residential treatment programs, regional groups made up of peer and advocates along with CCO CAC's that inform the CCOS and CMHP as to needs, participation on MHAB and LADPC, YAC.                                                                                                                                                                                                                                                                                                                                                                 | Work with organizations and CCOs to increase avenues for peer and family involvement in service delivery and system development. Hire and train non-traditional health workers in conjunction with community partners and CCOs.                                                                                                                                                                    |
| l) Trauma-informed service delivery                                                  | Though staff does receive training on trauma informed service delivery, there is not a systematic method for this to occur. It has been several years since the CMHP has hosted an agency wide and partner included training on trauma informed services. Options does provide the majority of its services to consumers in their own environment whether it be the home, school or work place and this treatment design is trauma informed. As well, we separated adult and children services including waiting areas in an effort to minimize additional trauma for children and youth while they are waiting for their | Perform review of agency services and systems to ensure that all are trauma informed. Provide trauma informed education to all personnel who interface at any level with consumers. Education to be a collaborative initiative with mental health and substance abuse provider organizations. Provide additional in-services trainings biannually with Options (CMHP) staff at all-staff meetings. |

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|                                                                   | appointment. Consumers are provided with a choice of services providers as are available within our organization.                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| m) Stigma reduction                                               | Current culture of imbedding mental health and addiction services in schools, work places and other community locations helps reduce the stigma associated with mental health and addictions issues. Mental health and addiction prevention efforts help reduce stigma as well.                                                                                                                                                                 | Increase education efforts about addiction and mental illness within community. Continue participation in stigma reduction efforts such as presentations, imbedding services, developing shared positions with community partners, hiring non-traditional health workers to help “normalize” accessing help, improve literature and website available to the community.                                                                                                                                                                                                                             |
| n) Peer-delivered services, drop-in centers and paid peer support | Paid peer support in children’s program, adult residential program, transitional housing program. Dual Recovery Anonymous meetings on crisis resolution center campus. Many Co-occurring treatment staff are in long term recovery and actively work their personal recovery plans so they can work with clients from a ‘been there” perspective. CMHP financially supports drop-in center, supplies van and grant writing technical assistance | Options has peer support imbedded in many of its programs. Josephine County mental health and addictions programs have a history of hiring persons in long-term recovered who are certified addictions counselors and co-occurring disorders treatment staff. Paid “peer” personnel continue to be an area of need as it is a valuable resource. A main challenge to this is the reimbursement structure for “peer support” positions is quite low. Review current financial and collaborative arrangement with consumer run drop in center “The Union” and maximize this resource for individuals. |
| o) Crisis and Respite Services                                    | Long standing crisis resolution complex (CRC) providing hospital diversion, crisis respite, non-hospital hold, co-occurring inpatient and outpatient services, gambling addiction services inpatient and outpatient. Respite services for                                                                                                                                                                                                       | We anticipate the funding structure of the CRC to change given the change to CCOs and the restructuring of the regional boundaries of CMHPs. This will need to be addressed. The development of additional services to avoid the need for crisis services for adults and children continues to be a                                                                                                                                                                                                                                                                                                 |

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|  | children are in place as well. | priority for Options as is evidenced by our transitional supported housing development, WRAP and Family Care Collaborative with DHS and Assertive Community Treatment team, CRC programs and high utilizers work with the CCOs. |
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**Part II: Performance Measures**

| <b>1) Current Data Available</b>                                         |                                                                                                                                                                   |                                                                                                                                                 |
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| <b>Performance Measure</b>                                               | <b>Data Currently Available</b>                                                                                                                                   | <b>Current Measures (If available)</b>                                                                                                          |
| a) Access/Number of individuals served                                   | Data available by program. Actual numbers include duplicates across programs.                                                                                     | Billing/Encountering software<br>Attempting to address through new electronic health record when it is fully on-line and reports are developed. |
| b) Initiation of treatment services – Timely follow up after assessments | Can pull data on this through billing/encountering software however, it does not account for consumers not choosing the first appointment date available to them, | Billing/Encountering software<br>Attempting to address through new electronic health record when it is fully on-line and reports are developed. |

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|                                                                                                                                                                                               | for no-shows or consumer cancelations and so data is not an accurate representation of time from initiation of treatment services to date of first available appointment.                                                                                                                                                                             |                                                                                                                                                 |
| c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation                                                                                                   | Can pull data on this through billing/encountering software however, it does not account for consumers not choosing the first or other appointment dates available to them, for no-shows or consumer cancelations and so data is not an accurate representation of time from initiation of treatment services to date of first available appointment. | Billing/Encountering software<br>Attempting to address through new electronic health record when it is fully on-line and reports are developed. |
| 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 | Procure data via chart review and sampling-very time consuming.                                                                                                                                                                                                                                                                                       | Procure data via chart review and sampling                                                                                                      |
| e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential                                                         | Trackable by hand count. Monitored by AMHI Coordinator. Limited number of cases.                                                                                                                                                                                                                                                                      | Trackable by hand count. Monitored by AMHI Coordinator. Limited number of cases.                                                                |
| f) Percent of participants in ITRS reunited with child in DHS custody                                                                                                                         | N/A                                                                                                                                                                                                                                                                                                                                                   | N/A                                                                                                                                             |

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| a) Percent of individuals who report the same or better housing status than 1 year ago.                                                 | Available only through chart review. No means to gather information currently. | Available only through chart review. No means to gather information currently. |
| b) Percent of individuals who report the same or better employment status than 1 year ago.                                              | Data available for those in Supported Employment Program                       | Data tracked by Supported Employment Program                                   |
| c) Percent of individuals who report the same or better school performance status than 1 year ago.                                      | Data available for those in Supported Education Program                        | Data tracked by Supported Education Program                                    |
| d) Percent of individuals who report decrease in criminal justice involvement.                                                          | n/a                                                                            | n/a                                                                            |
| e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program. | On target as documented by OHA state hospital reports                          | Monitored through Options AMHI coordinator and OHA reports                     |
| f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target                           | On target as documented by OHA state hospital reports                          | Monitored through Options AMHI coordinator and OHA reports                     |
|                                                                                                                                         | See attached Josephine County Prevention                                       | See attached Josephine County Prevention Plan                                  |

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| g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives. | Plan |  |
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**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:

The LMHA and its designee, Options for Southern Oregon are working with AMH/OHA in an attempt to understand and systematize the breadth of data, performance and outcome measures being required under the CCO contracts, the Department of Justice Report and the required AMH Flex Spending outcomes. Ben Kahn, project manager for AMH’s Compass project is coming to Josephine County to meet with Options and our CCOs about how we incorporate the requirements of this data gathering without excessive administrative burden.

Data on performance measures is reviewed by management team, individual departments, the Options Board of Directors, and Options’ internal and external quality assurance/improvement committee and other committees. This information informs the system of care and changes are made where needed to the development and administration of services and supports that are anticipated to improve these performance measures. Where needed, new treatment programs or protocols may be put into place to improve service delivery. An example of this has been a review of the length of time a person waiting for an assessment in our adult unit and a concurrent review of no-shows and client cancelled appointments. After researching models that effectively address these issues, the adult unit was restructured to incorporate centralized scheduling and same day access for assessments thereby limiting wait times for an assessment to minutes or hours instead of weeks.

**Part III: Budget Information**

**1) General Budget Information**

a) Planned expenditures for services subject to the contract:

| <u>Alcohol and Drug Treatment:</u>                             | <u>Annual / Biennial</u> |
|----------------------------------------------------------------|--------------------------|
| Admin Addiction Services                                       | \$36,663 / \$73,326      |
| A&D Special Projects                                           | \$112,765 / \$225,530    |
| Adult Alcohol/Drug Res TMNT                                    | \$344,223 / \$688,446    |
| A&D Residential Capacity                                       | \$80,520 / \$161,040     |
| Continuum of Care<br>and Intensive Treatment Recovery Services | \$492,540 / \$985,080    |
| Problem Gambling Treatment                                     | \$90,000 / \$180,000     |
| Problem Gambling Prevention                                    | \$44,008 / \$88,016      |
| Prevention Services                                            | \$146,022 / \$292,044    |

**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. | Est. \$68,000 annually (\$136,000 Biennial)<br>\$15,000 (\$30,000) for Josephine County Mini grants<br>\$ 53,000 (\$108,000 Biennial) for implementation of County Prevention Plan and support to |        |    |

|                                                                                  |                                                                                                                                                                                                                                                                                                                              |  |  |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                  | secure funding that will provide services to Josephine County residents to maintain or strengthen projects identified within BIP                                                                                                                                                                                             |  |  |
| b) Use of lottery funds allocated for Problem Gambling prevention and treatment. | \$44,000 annually (\$88,000 Biennial) supports problem gambling prevention included in County Prevention Plan of Alcohol, Tobacco, Other Drugs and Problem Gambling. Supports .5 of 1FTE County Prevention Coordinator \$47,250 annually (\$94,500 Biennial) for Gambling Treatment contracted to Options of Southern Oregon |  |  |
| c) Use of funds allocated for alcohol and other drug use prevention.             | \$146,022 annually (\$292,044 biennial) Supports .05 of 1FTE Prevention Coordinator and provides resources to implement County Prevention Plan. \$75,000 annually (\$150,000 biennial) contracted to providers to implement County Prevention Plan.                                                                          |  |  |



**2013-2015 County Prevention Plan**

Prevention Coordinator: Shawn Martinez

**Prevention Plan Committee Members:**

Shawn Martinez, Prevention Coordinator  
 Mary Collins, AllCare  
 Casey Black, Drug Court Coordinator  
 Debra Pruyne, Grants Pass High School  
 Robin Hausen, Tobacco Coordinator  
 John Chambers, Community Volunteer and Local Alcohol and Drug Planning Committee

Andrea VanAuker, Choices Counseling  
 Tom Drummond, College Dreams  
 Jen Perry, College Dreams  
 Fred Reyes, Boys and Girls Club

**Strategic Prevention Framework**

| <b>Assessment:</b>                                                                                                                                                 | <b>Capacity:</b>                                                                                                                                                                                                                                              | <b>Planning:</b>                                                                     | <b>Implementation:</b>                                                                                                         | <b>Evaluation:</b>                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Committee reviewed data from Student Wellness Survey, Drug Court Client survey's, Community survey monkey,2009 Community Readiness Survey, Asante Community Survey | Prevention Council, Substance Abuse Community Action Team, LADPC, Board of County Commissioners, Flexible Funds SE37 (70&80), Beer and Wine Tax revenue, mini grants, Tobacco Coordinator, Schools, Businesses, Parents, Law Enforcement, treatment providers | Outline of Prevention Program using the six CSAP strategies and Developmental Assets | Contract with local providers, Prevention Coordinator, Community Partners, Problem Gambling Treatment and Outreach Coordinator | Ongoing evaluation of programs and outcomes with the Student Wellness Survey providing data in 2014 |

**Sustainability and Cultural Competencies**

Continually integrate Alcohol, Tobacco, Other Drugs and Problem Gambling prevention into programs and/or operations. Work to ensure prevention processes are established. Create and sustain partnerships to strengthen prevention and resources that will continue to support prevention of ATODPG in the community.

Communicate with diverse groups (geographic, ethnic, racial, cultural, economic, social and linguistic backgrounds). Provide skill development and cultural knowledge to programs, community and policymakers.

**Priorities: Focus on 6-8 grade youth**

**1. Decrease alcohol use**

**2. Decrease Illicit Drug use**

**3. Increase awareness of Problem Gambling**

| CSAP STRATEGY                                          | Proposed Program                                                                                                                                                                                                                                                                                                                                    | OUTCOME                                                                                                                                                                                                         | Measurement                                                                                                                                                                                 | ROLE                                                                                                                                        |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center"><b>Information Dissemination</b></p> | <p>1. Public Speaking engagements regarding the risk associated Alcohol, Tobacco, other drugs and problem</p> <p>2. Participation in local health fairs and events</p> <p>3. Distribution of brochures, fact-sheets, newsletters and other printed materials</p> <p>4. Media Campaigns</p>                                                          | <p>Increase knowledge of risk associated with Alcohol, Tobacco, Other Drugs and Problem Gambling</p>                                                                                                            | <p>Post survey that measures increased knowledge on risk associated with ATODPG</p> <p>Number of attendees</p> <p>Number of items distributed</p> <p>Number reached and number of times</p> | <p>Prevention Coordinator and Community Partners / Tobacco and Gambling Treatment Outreach Coordinators<br/>Contract with Media Outlets</p> |
| <p align="center"><b>Prevention Education</b></p>      | <p>1. Provide Evidence Based curriculum for youth prior to 8th grade regarding alcohol and other drugs.</p> <p>2. Provide information to programs providing Evidence Based Curriculum for youth on risk associated with problem gambling that can be included in curriculum already in place.</p> <p>3. Parenting and family management classes</p> | <p>Increase refusal skills of alcohol and other drugs</p> <p>Increase knowledge of risks associated with alcohol and other drug use.</p> <p>Increase knowledge on the risk associated with problem gambling</p> | <p>Post Test and/or Pre/Post test</p>                                                                                                                                                       | <p align="center">Contracted</p>                                                                                                            |

| <b>CSAP STRATEGY</b>          | <b>OUTPUT</b>                                                                                                                                                                                                     | <b>OUTCOME</b>                                                                                                                 | <b>Measurement</b>                                                                                                                    | <b>ROLE</b>                                                                                               |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Alternative Activities</b> | 1. Problem Gambling Calendar Art Contest participation<br>2. Drug Free social and recreational activities<br>3. Community Service Activities<br>4. Youth and Adult Leadership activities<br>5. Mentoring Programs | Increase participation by Middle Schools in Art contest<br>Increase participation and variety of positive activities available | Number of classroom participating and number of youth<br>Number of participants<br>Number of activities<br>Number of Mentors/ Mentees | Prevention Coordinator ,<br>Schools, Tobacco and Gambling Treatment / Outreach Coordinator and Contracted |

| <b>CSAP STRATEGY</b>           | <b>OUTPUT</b>                                                                                                                                                                                                                                                                                          | <b>OUTCOME</b>                                                                | <b>Measurement</b>                             | <b>ROLE</b>            |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|------------------------|
| <b>Community-Based Process</b> | 1. Participation of groups from all parts of the community in collaborative efforts involving prevention programs<br>2. Multi-agency activities to increase coordination of efforts between public and private agencies, and other sectors in the community<br>3. Community and Volunteering Trainings | Increase participation and variety of positive activities available for youth | Number of participants<br>Number of activities | Prevention Coordinator |

| <b>CSAP STRATEGY</b>            | <b>OUTPUT</b>                                                                                                                                                       | <b>OUTCOME</b>                                              | <b>Measurement</b>                                  | <b>ROLE</b>            |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|------------------------|
| <b>Environmental Approaches</b> | 1. Provide problem gambling information to retailers                                                                                                                | Increase awareness of risk of problem gambling to retailers | Student Wellness survey of 6th, 8th, and 11th grade | Prevention Coordinator |
|                                 | 2. Reward and Reminder (Lottery and Tobacco)<br>3. Shoulder Tap Operation<br>4. Work with schools to review policies<br>5. Work with youth on social norms campaign | Decrease sales to minors                                    | Number of sales and no sales                        | Contract               |

| <b>CSAP STRATEGY</b>                       | <b>OUTPUT</b>                                                                                                                                            | <b>OUTCOME</b>                                  | <b>Measurement</b>               | <b>ROLE</b>            |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|------------------------|
| <b>Problem Identification and Referral</b> | 1. Referral to resources<br>2. Provide assistance to employers for Employee assistance program Alcohol, tobacco, other drug and problem gambling polices | Provide resource list to community and agencies | Number of referrals and for what | Prevention Coordinator |

|                             |                                                                               |                               |                 |                        |
|-----------------------------|-------------------------------------------------------------------------------|-------------------------------|-----------------|------------------------|
| <b>Developmental Assets</b> | 1. Trainings on assets<br>2. Use evidence based strategies to increase assets | Increase developmental assets | Strategies used | Prevention Coordinator |
|-----------------------------|-------------------------------------------------------------------------------|-------------------------------|-----------------|------------------------|

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

**Budget Period:  
Date Submitted:**

| Category (as defined in the CFAA)          | Sub-Category                                                                                               | Population    | AMH Flex Funding* | Local Beer and Wine Tax | County GF | Other  | Total  | Carry-over Amount |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------|--------|--------|-------------------|
| Health Promotion and Prevention            | Mental Health                                                                                              | Adults        | \$74,166.19       | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            |                                                                                                            | Children      | \$23,268.04       | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Alcohol and Other Drug                                                                                     | Adults        | \$233,636.00      | \$68,800.00             | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            |                                                                                                            | Children      | \$58,408.00       | \$17,200.00             | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Problem Gambling                                                                                           |               | \$88,016.00       | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Outreach (Early Identification and Screening, Assessment and Diagnosis)                                    | Mental Health | Adults            | \$127,544.01            | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Children                                   |                                                                                                            |               | \$47,002.03       | \$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      | \$225,530.00      | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Problem Gambling                           |                                                                                                            |               | \$0.00            | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Initiation and Engagement                  |                                                                                                            | Mental Health | Adults            | \$168,400.98            | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Children                                                                                                   |               | \$60,836.34       | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Alcohol and Other Drug                                                                                     | Adults        | \$0.00            | \$25,000.00             | \$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            | #####                   | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Children                                   |                                                                                                            |               | \$220,945.99      | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Alcohol and Other Drug                     |                                                                                                            | Adults        | \$0.00            | \$25,000.00             | \$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            |
| Continuity of Care and Recovery Management |                                                                                                            | Mental Health |                   | \$244,628.90            | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Alcohol and Other Drug                                                                                     |               | \$985,080.00      | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Problem Gambling                                                                                           |               | \$180,000.00      | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
|                                            | Peer-Delivered Services                                                                                    |               | \$48,307.20       | \$0.00                  | \$0.00    | \$0.00 | \$0.00 | \$0.00            |
| Administratio (Include Description         |                                                                                                            | \$463,563.43  | \$0.00            | \$0.00                  | \$0.00    | \$0.00 | \$0.00 |                   |
| <b>Total</b>                               |                                                                                                            | #####         | \$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