



February 28, 2013

LuAnn Meulink Luann.e.meulink@state.or.us

Melanie White Melanie.white@state.or.us

Tom Shrewsbury James.t.shrewsbury@state.or.us

Dear Ms. Meulink:

Attached please find our emailed document containing the Biennial Implementation Plan 2013-2015 which I am submitting to the Addictions and Mental Health Division on behalf of Lifeways, Inc.

I look forward to hearing back from you on our efforts to continue our services in the community, and plans for working with our partners and consumers to improve behavioral and physical health care coordination.

Please forward any questions or comments to me. I can be reached at 541.889.9167 or jcordeniz@lifeways.org

Sincerely,

Judy A. Cordeniz, MHA, FACHE
Chief Executive Officer



Malheur County, Oregon

2013 – 2015 Biennial Implementation Plan

Mental Health Services:

Children's Mental Health Services

Adult Mental Health Services

Alcohol & Drug Prevention/Treatment Services

Gambling Prevention Services

Gambling Treatment Services

March 1, 2013

Table of Contents

<u>LIFEWAYS MISSION AND VISION STATEMENT</u>	3
<u>COUNTY CONTACT INFORMATION</u>	4
<u>PART I: SYSTEM NARRATIVE</u>	6
<u>1. SYSTEM OVERVIEW</u>	
<u>A. Overview of the County's Current Addiction and Mental Health Services & Supports</u>	
<u>1.) Mental Health Promotion</u>	6
<u>2.) Mental Illness Services</u>	7
a.) <u>Outpatient Mental Health Services for Children, Adults, and Older Adults</u>	8
b.) <u>Outpatient Intensive Community-based Support Services for Children & Adolescents</u>	9
c.) <u>Outpatient Psychiatric Security Review Board and Juvenile Psychiatric Security</u>	10
<u>3.) Substance Abuse Services</u>	11
<u>4.) Problem Gambling Services</u>	16
<u>5.) Early Intervention</u>	17
<u>6.) Treatment and Recovery</u>	17
<u>7.) Crisis and Respite Services</u>	22
<u>8.) Services available to Required Populations and Specialty Populations</u>	23
a.) <u>Required Populations</u>	23
b.) <u>Specialty Populations</u>	26
<u>9.) Activities that Support Individuals in Directing their Treatment Services and Supports</u>	27
a.) <u>Individual Service and Support Planning</u>	27
<u>B. Role of the Local Mental Health Authority and Subcontractors</u>	29
<u>C. LMHA Collaboration with CCO</u>	30
<u>D. MHAC and LADPC Members</u>	31
<u>2. COMMUNITY NEEDS ASSESSMENT</u>	32
<u>PART II: STRENGTHS AND AREAS FOR IMPROVEMENT</u>	33
<u>PART III: PERFORMANCE MEASURES</u>	42
<u>PART IV: BUDGET INFORMATION</u>	47
<u>ADDITIONAL INFORMATION</u>	48
<u>DISCUSSION</u>	49
<u>ADDENDUMS</u>	49
1. <u>Report on Individuals Served</u>	50
2. <u>Preliminary Report on Timely Follow Up</u>	51
3. <u>Required Budget Template</u>	52
4. <u>Preliminary Focus Group Reports</u>	53

LIFEWAYS MISSION AND VISION STATEMENT

LIFEWAYS

Lifeways, Inc. has served as the community mental health program for Malheur County since its founding in 1997. In the intervening years, the agency has undergone remarkable growth. During its first year, Lifeways employed 30 clinical and support staff. Lifeways is now the largest behavioral health care provider in the region, with over 250 employees, making it a significant contributor to the economies of Malheur County, Umatilla County, and surrounding communities. In 2005, Lifeways was asked by the Oregon Addictions and Mental Health Division to assume responsibility for mental health treatment in Umatilla County following the decertification of Umatilla County Mental Health. This expansion, along with the opening in 2008 of the 16-bed McNary Residential Treatment and Subacute Care Facility in Hermiston, OR, has more than tripled the size of the agency while reducing administrative costs, and provided a level of efficiency necessary for continuing services during difficult economic times.

In July of 2012 Lifeways took over operation of Lifeways Recovery Center (formerly UNIO Recovery Center) in Ontario, OR, an alcohol and drug residential treatment facility specializing in co-occurring mental and substance abuse disorders.

Our Mission

The mission of Lifeways Mental Health Services is to provide individualized services for our clients and community that promote mental clarity and emotional wellbeing, strengthen positive relationships, and enhance their ability to accomplish meaningful personal goals. We are committed to providing these services in a safe, friendly, and welcoming environment. We respect the dignity, autonomy, and individual and cultural differences of our clients.

Our Staff

To accomplish this mission, we maintain a qualified and professional staff, including psychiatrists, therapists, skills trainers, and case managers, who are trained to assess and respond to the individual needs of our clients. We provide our staff with knowledge, ongoing training, and broad and intensive opportunities for professional growth and advancement. We strive to maintain a friendly and efficient workplace that supports staff in providing creative, committed, and effective service to our clients.

Our Commitment

OUR SERVICES WILL BE EFFECTIVE. Mental Health Services at Lifeways are based on the latest advances in the art and science of psychiatry, psychology, and mental health. We encourage professional excellence by providing our staff with ongoing opportunities for training and study necessary to remain abreast of new developments and best practices. We maintain a rigorous quality assurance and quality improvement process to ensure that our clinical practice is appropriate, effective, and in line with accepted national standards for the state of the art.

OUR SERVICES WILL BE ACCESSIBLE. We attempt to provide our clients with appointments and services in ways and at times that are convenient for them. We are committed to responding to all new requests for services with appointments within two weeks of an initial request. We maintain a Walk-in Clinic to ensure that clients experiencing acute distress can be served immediately. In crisis situations, mental health assessment and intervention services from a qualified mental health professional are available twenty-four hours a day, seven days a week, by calling (541) 889-9167.

OUR SERVICES WILL BE AFFORDABLE. We are committed to ensuring that our services are affordable to everyone who needs them. Lifeways is the Oregon Health Plan provider for Malheur County. Services covered under the Oregon Health Plan (OPH) are provided to enrollees without cost to the client. Lifeways also accepts most forms of insurance and will help individuals determine whether or not their insurance will cover part or all of the cost of services. For those with no insurance or inadequate insurance coverage, we provide discounted rates based on family income and are willing to arrange payment plans to ensure that no person who needs services is denied them.

OUR SERVICES WILL BE ETHICAL. Mental Health Services staff of Lifeways adheres to the highest standards of ethical professional conduct. The Lifeways *Code of Ethical Conduct* is designed to protect clients from harm and to ensure that they receive the services they need in ways that respect their human dignity and individual rights. A copy of our Code of Ethical Conduct is available at the reception desk.

COUNTY CONTACT INFORMATION

MALHEUR COUNTY COURT CONTACT	
Title	County Judge
Name	Dan Joyce
Address	251 B Street West
City, State, Zip	Vale, OR 97918
Phone Number	541-473-5124
E-mail	djoyce@malheurco.org
LIFEWAYS, INC ADMINISTRATOR	
Name	Judy Cordeniz, CEO
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number	541-889-9167
Fax	541-889-7873
E-mail	jcordeniz@lifeways.org

SUBSTANCE ABUSE TREATMENT CONTACT	
Name	Christine Crysler
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-9167 / 541-889-7873
E-mail	cmosier-crysler@lifeways.org
PREVENTION SERVICES CONTACT	
Name	Judy Trask, Interim
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-9167 / 541-889-7873
E-mail	jtrask@lifeways.org
MENTAL HEALTH SERVICES CONTACT	
Name	Sandra Shelton/ Rick George
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-9167 / 541-889-7873
E-mail	sshelton@lifeways.org
GAMBLING TREATMENT PREVENTION SERVICES CONTACT	
Name	Christine Crysler
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-9167 / 541-889-7873
E-mail	cmosier-crysler@lifeways.org
STATE HOSPITAL/COMMUNITY CO-MANAGEMENT PLAN CONTACT	
Name	<u>Mark Whitney</u>
Agency	Lifeways, Inc.
Address	702 Sunset Drive
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-9167 / 541-889-7873
E-mail	mwhitney@lifeways.org
ALCOHOL & DRUG RESIDENTIAL SERVICES CONTACT	
Name	Kenneth Rush
Agency	Lifeways, Inc. – Lifeways Recovery Center
Address	686 NW 9 th Street, POB 606
City, State, Zip	Ontario, OR 97914
Phone Number / Fax	541-889-2490 x 28
E-mail	krush@lifeways.org

PART I: SYSTEM NARRATIVE

1. System Overview

A. Overview of County’s Current Addiction and Mental Health Services and Supports

Lifeways provides a comprehensive array of behavioral health care, including mental health, addiction, domestic violence, and services for families in the child welfare system:

- ❖ Psychiatric assessment and medication management;
- ❖ Outpatient and residential treatment, case management and supported employment services for adults with serious and persistent mental illnesses;
- ❖ Mental health counseling for adults and children to treat issues related to trauma and a wide variety of other mental and emotional problems or disorders;
- ❖ Highly integrated, intensive community-based treatment services for families whose children are at risk of out-of-home or out-of-community placement;
- ❖ Developmental Disabilities Services, including case management, residential and vocational services for people with developmental disabilities;
- ❖ Treatment for alcohol and other drug abuse and substance abuse prevention services;
- ❖ Treatment for problem gambling;
- ❖ Treatment for people convicted of spousal abuse;
- ❖ 24/7 (round the clock) mental health crisis intervention services; and
- ❖ Civil commitment investigations and other pre-commitment services.

1) MENTAL HEALTH PROMOTION

Lifeways engages in multifaceted efforts to promote mental health, some of which is integrated into substance abuse prevention activities. Some concrete examples of our efforts are included in the table below, and often involve other partner agencies and volunteers from the community.

10 years of sponsoring the “Annual Hands Around the Park for Recovery” Celebration	“Red Ribbon Week” for National Drug Prevention Programs to increase awareness in Schools and Communities
15 years sponsorship of the Caregivers Conference for Mental Health	“Tall Cop Says Stop Presentation” to educate parents on how to identify drug paraphernalia
Oregon “Problem Gambling Awareness Week” Poster Contest for state sponsored Calendars and presentations at schools and events	Regular presentations at agencies, schools and community organizations to provide education about mental illness, prevention and substance abuse treatment and services
DHS Foster Parent Training	Frontier Leadership Conference
Drop in Center for SMI population	Warm Line
In Home Parenting and Skills Training	Mentoring
In School Services	Community Based Wrap Around
Peer to Peer Support & Peer Advocacy Program	Mental Health Community Court

2) MENTAL ILLNESS SERVICES

The service goals for Mental Illness Services are to:

- provide a more consumer-centered, community based, culturally competent system.
- be responsive and accessible 24/7 for crisis services.
- form and maintain collaborative partnerships with our community members.
- maintain a balanced approach to treatment that focuses on public safety and autonomy for the client. And finally,
- affirm and support family members of the mentally ill.

With those goals in mind, these are the services that we currently provide and will continue to provide during the next biennium:

- Walk-in Mental Health Assessments, crisis services and community resource information are available for all individuals each weekday. This process assists Lifeways in determining the client's needs, severity, and eligibility for our services. OHP recipients and individuals and families, regardless of funding source who are in acute need are then scheduled for therapeutic services as they leave that same day.
- Those who do not meet our criteria are seen briefly or referred to other services as available. This process has been a part of our Utilization Management plan since it began several years ago.
- Assessments, treatment planning as well as individual and group therapy are provided by seven Master's level therapists. We provide groups to assist with coping skills for anger, trauma, stress, depression and mood disorders. Skills training is provided in the home as well as in the clinic setting.
- Bilingual/bicultural (Spanish) services are provided by one therapist and two reception staff. Spanish translation/interpretation services are also provided as needed by a Lifeways contract translator.
- Medical services are provided to clients who are in need of assessment, medication, referral or consultation. We have a board certified child psychiatrist/ adult psychiatrist, three psychiatric nurse practitioners, an RN, and a CNA who provide clients with psychiatric medical services.
- Our staff attends an interagency staff meeting one time per month with community agencies.
- We partner with the Malheur County Jail and local police departments to provide assessments, consultation, and crisis services as needed, at their sites.
- We staff and provide consultation to our local hospital, St. Alphonsus, to their Emergency Department 24/7, as well as for patients in their ICU and Medical/Surgical Units.

- We utilize one of our adult foster home beds as a crisis respite bed. Currently we have seven psychiatric attendants. This year our goal is to develop and open another crisis bed to assist with the crisis needs in our county.

a.) Outpatient Mental Health Services for Children, Adults, and Older Adults:

Lifeways outpatient mental health services for children, adults and older adults include services provided directly by Lifeways or through linkage to a local service providers. These include the following:

- 24 hours, seven days per week telephone or face-to-face screening to determine an individual's need for immediate community mental health services;
- 24 hour, seven days per week capability to conduct, by or under the supervision of a Qualified Mental Health Professional (QMHP), a mental health crisis assessment resulting in a provisional Individual Services and Supports Plan that includes the crisis services necessary to assist the individual and family to stabilize and transition to the appropriate level of care;
- Individual, family and/or group therapy, and/or other services and supports, as recommended in an Individual Service and Support Plan;
- Psychiatric services including medication management as applicable, provided by a LMP who is either an employee of the provider or is a contracted provider;
- Available case management services including the following:
 - Assistance in applying for benefits to which the individual may be entitled. Program staff assists individuals in gaining access to, and maintaining, resources such as Social Security benefits, general assistance, food stamps, vocational rehabilitation, and housing. When needed, program staff arrange transportation or accompany individuals to help them apply for benefits;
 - Assistance with completion of a declaration for mental health treatment with the individual's participation and informed consent;
 - Referral and coordination to help individuals gain access to services and supports identified in the Individual Services and Supports Plan;
- When an individual receives residential services, program staff collaborate with the residential program and family to coordinate services;
- When an individual resides in an Adult Foster Home, program staff assists in the development of a Personal Care Plan. Program staff also evaluate the appropriateness of services in relation to the individual's assessed need and review the Personal Care Plan every 180 days;

- When an individual is admitted to a hospital or non-hospital facility, program staff will make contact in person or by telephone with the individual within one working day of entry and will be actively involved with transition planning from the hospital or non-hospital facility;
- When an individual is receiving short-term crisis respite services in any non-hospital facility, the primary case manager or designee will make frequent contact with the facility and/or client to participate in active discharge planning based on the client's readiness for discharge;
- If an individual is receiving treatment in a state funded long-term care psychiatric facility, program staff will, from the point of entry, be actively involved with transitioning the individual from long term care;
- When significant health and safety concerns are identified, program staff will assure that necessary services or actions occur to address the identified health and safety needs for the individual.

For children and youth, program staff will create linkages to and ongoing communication with other involved child-serving providers and agencies such as child welfare, education, primary care, and juvenile justice, and make referrals for additional services and supports as indicated;

- Skills training as indicated;
- Peer delivered supports, as indicated; and
- Older adult services, including preventative mental health services, when applicable.

b.) Outpatient Intensive Community-based Support Services for Children & Adolescents

Intensive Community-Based Treatment and Support Services (ICTS) for Children and Adolescents may be delivered at a clinic, facility, home, school, other provider or allied agency location, or other setting identified by the community resource (child and family) team. In addition to services specified by the Individual Services and Supports Plan and the standards for outpatient mental health services, ICTS services will include:

- Care coordination provided by a QMHP or a QMHA supervised by a QMHP;
- A community resource (child and family) team, as defined in our policies;
- Service coordination as specified in the Individual Services and Supports Plan, to be developed by the child and family team;
- Review of progress at child and family team meetings to occur at a frequency documented in the Individual Services and Supports Plan;
- Family support and respite care, as indicated;
- Proactive safety and crisis planning that utilizes professional and natural supports to provide 24/7/365 flexible response and is reflective of strategies to avert potential crisis without placement disruptions; and
- Behavior support planning and services that minimally meet the following requirements:

- Behavior support planning and services that are proactive, recovery-oriented, individualized, and designed to facilitate positive alternatives to challenging behavior, as well as to assist the individual in developing adaptive and functional living skills.
- Providers of these services:
 - Take into consideration the neurodevelopmental and environmental factors related to behavior;
 - Develop and implement individual behavior support strategies, based on a functional or other clinically appropriate assessment of challenging behavior;
 - Document the behavior support strategies and measures for tracking progress as a behavior support plan in the Individual Services and Supports Plan;
 - Establish a framework which assures individualized positive behavior support practices throughout the program and articulates a rationale consistent with the philosophies supported by the Division, including the Division's Trauma-informed Services Policy; State / Greater Oregon Behavioral Health Inc. (GOBHI).
 - Obtain informed consent from the parent or guardian, when applicable, in the use of behavior support strategies and communicate both verbally and in writing the information to the individual and guardian in the individual's primary language and in a developmentally appropriate manner;
 - Establish outcome-based tracking methods to measure the effectiveness of behavior support strategies in reducing or eliminating the use of emergency safety interventions and increasing positive behavior;
 - Require all program staff to receive annual training in Collaborative Problem Solving, Positive Behavior Support or other Evidence-based Practice to promote positive behavior support;
 - Require program staff to receive training specific to the individual support strategies to be implemented; and
 - Review and update behavior support policies, procedures, and practices annually.

c.) Outpatient Psychiatric Security Review Board and Juvenile Psychiatric Security

Services and supports delivered to clients who are under the jurisdiction of the Psychiatric Security Review Board (PSRB) or the Juvenile Psychiatric Security Review Board (JPSRB) include all appropriate services determined necessary to assist the individual in maintaining community placement and which are consistent with Conditional Release Orders and the Agreement to Conditional Release.

The Qualified Person (as defined in our policies) identified by Lifeways will submit reports to the Psychiatric Security Review Board or Juvenile Psychiatric Security Review Board as follows:

- Orders for Evaluation: For individuals under the jurisdiction of the PSRB or the JPSRB, the Qualified Person will take the following action upon receipt of an Order for Evaluation:
 - Within 15 days of receipt of the Order, schedule an interview with the individual for the purpose of initiating or conducting the evaluation;
 - Appoint a QMHP to conduct the evaluation and to provide an evaluation report to the PSRB or JPSRB;
 - Within 30 days of the evaluation interview, submit the evaluation report to the PSRB or JPSRB responding to the questions asked in the Order for Evaluation; and
 - If supervision by Lifeways is recommended, notify the PSRB or JPSRB of the name of the person designated to serve as the individual's Qualified Person, who will be primarily responsible for delivering or arranging for the delivery of services and the submission of reports under these policies.
- Monthly reports consistent with PSRB or JPSRB reporting requirements as specified in the Conditional Release Order that summarize the individual's adherence to Conditional Release requirements and general progress; and
- Interim reports, including immediate reports by phone, if necessary, to ensure the public or individual's safety including:
 - At the time of any significant change in the individual's health, legal, employment or other status which may affect compliance with Conditional Release orders;
 - Upon noting major symptoms requiring psychiatric stabilization or hospitalization;
 - Upon noting any other major change in the individual's Individual Services and Supports Plan;
 - Upon learning of any violations of the Conditional Release Order; and
 - At any other time when, in the opinion of the Qualified Person, such an interim report is needed to assist the individual.

If an individual is under the jurisdiction of the JPSRB, the Qualified Person will submit copies of all monthly reports and interim reports to both the JPSRB and the Division.

3) SUBSTANCE ABUSE SERVICES

Substance Abuse Assessment

Substance abuse services begin with an assessment that includes medical history of the client. The Medical Director (or designee) will identify those medical symptoms that, when found in individuals in need of alcohol and other drug treatment services, require further investigation, physical examinations, service, or laboratory testing.

Individuals who are currently injecting or intravenously using a drug, or have injected or intravenously used a drug within the past 30 days, or who are at risk of withdrawal from a drug, or who may be pregnant, will be referred for a physical examination and appropriate lab testing within 30 days of entry to the program. This requirement may be waived by the Medical Director if these services have been received within the past 90 days and documentation of physical exam is provided in the Individual Service Record.

Unless they are already receiving prenatal care, pregnant women will be referred for prenatal care within two weeks of entry into the program.

The program will provide HIV and AIDS, TB, STI, Hepatitis and other infectious disease information and risk assessment and referral, if needed, within 30 days of entry.

Driving Under the Influence of Intoxicants (DUII)

In addition to the general standards for all outpatient services and those listed above for alcohol and other drug treatment programs, Lifeways programs approved to provide DUII rehabilitation services will meet the following standards:

- Lifeways DUII rehabilitation programs will assess individuals referred for treatment by the evaluation specialist.
- Placement, continued stay, and service conclusion of individuals will be based on the criteria described in the American Society of Addiction Medicine Patient Placement Criteria-2nd Revision (ASAM PPC-2R), subject to the following additional terms and conditions:
 - Individuals will demonstrate continuous abstinence for a minimum of 90 days prior to service conclusion as documented by urinalysis tests and other evidence;
 - Using the ASAM PPC-2R, the DUII program's assessment may indicate that the individual requires treatment in a residential program. It is the responsibility of the DUII program to:
 - ❖ Monitor the case carefully while the individual is in residential treatment by confirming that the individual entered the program and that the individual completed the program;
 - ❖ Provide or monitor outpatient and follow-up services when the individual is transferred from the residential program; and
 - ❖ Verify completion of residential treatment and follow-up outpatient treatment.
- A minimum of one urinalysis sample per month will be collected during the period of service deemed necessary by an individual's DUII rehabilitation program.
- Urinalysis testing will meet the following requirements:
 - Using the process defined by Lifeways policies, the urine samples will be tested for at least five controlled drugs;
 - At least one of the samples is to be collected and tested in the first two weeks of the program and at least one is to be collected and tested in the last two weeks of the program;

- If the first sample is positive, two or more samples will be collected and tested, including one sample within the last two weeks before service conclusion;
 - Lifeways programs may use methods of testing for the presence of alcohol and other drugs in the individual's body other than urinalysis tests if they have obtained the prior review and approval of such methods by the Addictions and Mental Health Division; and
 - If such approval is granted, a copy of the approval will be kept on file in the Business Office.
- On the administrative level, the Substance Abuse Services program reports:
 - To the Division on forms prescribed by the Division;
 - To the evaluation specialist within 30 days from the date of the referral by the specialist, and subsequent reports will be provided within 30 days of service conclusion or within 10 days of the time that the individual enters noncompliant status; and
 - To the appropriate evaluation specialist, case manager, court, or other agency as required when requested concerning individual cooperation, attendance, treatment progress, utilized modalities, and fee payment.
 - The program sends a numbered Certificate of Completion to the Department of Motor Vehicles to verify the completion of convicted individuals.
 - Payment for treatment will be considered in determining completion.
 - A certificate of completion will not be issued until the individual has satisfied the 90-day abstinence requirements of OAR 309-032-1540(f)(A)(i).
 - The DUII rehabilitation programs maintains in the permanent Individual Service Record urinalysis results and all information necessary to determine whether the program is being, or has been, successfully completed.

To avoid a conflict of interest, Lifeways does not regularly provide DUII rehabilitation to an individual who has also been referred by a Judge to the same agency or person for a DUII evaluation. On rare occasions when circumstances warrant, approval approval to evaluate and treat can be obtained, and a copy of the approval will be filed with the Business Office.

Pregnant Women and IV Drug Users

Pregnant women or other individuals using substances intravenously, whose services are funded by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, will receive interim referrals and information prior to entry, to reduce the adverse health effects of alcohol and other drug use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim referral and informational services include:

- Counseling and education about blood-borne pathogens including Hepatitis, HIV, Sexually Transmitted Infections (STIs) and Tuberculosis (TB); the risks of needle and paraphernalia sharing and the likelihood of transmission to sexual partners and infants;
- Counseling and education about steps that can decrease the likelihood of Hepatitis, HIV, STI, and TB transmission;
- Referral for Hepatitis, HIV, STI and TB testing, vaccine or care services if necessary; and

- For pregnant women, counseling on the likelihood of blood-borne pathogen transmission as well as the effects of alcohol, tobacco and other drug use on the fetus and referral for prenatal care.

Substance Abuse Prevention

Lifeways maintains its commitment to prevention by funding a 1.0 FTE Certified Prevention Specialist to work with community populations for environmental prevention activities, including policy changing activities, and behavior change activities to alter community, school, family and business norms through laws, policy and guidelines for enforcement. Prevention and outreach is an ongoing process, which involves educational groups, workshops, and seminars to educate the community.

Lifeways staff also participate regularly in community forums to provide input about mental health and addictions policies and procedures. We actively seek out community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and “late” adopters of prevention strategies. Staff have been acknowledged by local officials for their hard work to improve relationships with schools county-wide through increased efforts on site with education and prevention activities.

Malheur County Drug Free Communities (DFC) Coalition

This coalition has been in existence for six years, and meeting consistently for three years, with substantial planning and administrative support from Lifeways prevention and administrative staff.

- The coalition has been the community’s champion for assembling reliable youth-focused substance abuse statistics;
- has convened the community to understand the data-supported extent and nature of youth substance abuse and prevention issues;
- worked to understand the environmental nature of substance abuse trends among both youth and adults;
- conducted annual strategic planning activities;
- collaborated with traditional media sources to keep substance abuse awareness in the forefront of the community’s collective consciousness;
- and in the recent past provided leadership to a very effective grass-roots initiative to ban “Spice” and “Bath Salts” and other synthetic drugs as they become aware of them in Ontario.

DFC members and community volunteers work to promote a drug-free environment through key strategies to:

- Establish a positive and drug-free teen culture in partnership with Youth and school-based prevention and social media messaging;
- Reverse community and parent norms that are favorable toward substance abuse via parent education and social norm environmental interventions; and
- Work with law enforcement agencies to enforce underage drinking laws and tobacco possession regulations, such as *tagging bottles* of alcohol at local retail outlets, *minor decoy operations*, *table tents* in restaurants, and *shoulder taps*.

The DFC coalition has submitted two applications to the federal Drug Free Communities Support Program of the Substance Abuse and Mental Health Services Administration, and is using the feedback and lessons learned from this process to prepare a third submission in March of 2013, with Lifeways serving as the applicant organization and fiscal agent for the DFC Coalition.

The planned DFC activities for the biennium are detailed in Section 3 “Strengths and Areas of Improvement” below.

Enforcing the Underage Drinking Laws (EUDL) Grant

A EUDL grant was awarded in 2012 to Lifeways through the Drug Free Communities Coalition to improve relationships with law enforcement departments and local alcohol retailers as well as Oregon Liquor Control Commission. This Office of Juvenile Justice and Delinquency Prevention program supports and enhances efforts by states and local jurisdictions to prohibit the sale of alcoholic beverages to minors and the purchase and consumption of alcoholic beverages by minors. Minors are defined as individuals under 21 years of age. This project works with Ontario High School’s Media Class-KOHS to create a 30 second video depicting the consequences of drinking that will be shown on the local cable network for one year, or longer if they choose. The project also includes working with local law enforcement, the Oregon Liquor Control Commission (OLCC) and alcohol retailers. ID Checking classes have been offered to alcohol retailers and staff in partnership with the OLCC and Treasure Valley Community College. The grant has provided money to our three local agencies to complete two minor decoy operations.

The planned EUDL activities for the biennium are detailed in Section 3 “Strengths and Areas of Improvement” below.

SPF SIG grant

The State of Oregon received the Strategic Prevention Framework State Incentive Grant (SPF SIG) from the federal Substance Abuse and Mental Health Services Administration on July 1, 2009, as part of the fourth cohort of funded states, territories, and tribes. The purpose of the project is to implement the five components of the SPF planning model at both state and community levels in Oregon. The State of Oregon completed a needs assessment and identified the target need for the project as alcohol abuse or dependence resulting from high-risk drinking among 18-25 year olds.

Lifeways was awarded a SPF SIG grant in 2011 for “frontier geographic area” to reduce 18-25 high risk and binge drinking within Malheur County. Activities to date:

- a county Needs Assessment and Logic Model have been completed;
- the “Strategic Planning Workbook 2012 for Malheur County” has been completed;
- 3 Causal Areas for youth high risk drinking-
 - Social Availability-“Family Friendly Events” and community events that include alcohol consumption;
 - Community Norms-alcohol use seen as a “rite of passage” for rural youth;
 - Promotion/Advertising- alcohol products are widely promoted through media.

The planned SPF SIG activities for the biennium are detailed in Section 3 “Strengths and Areas of Improvement” below.

The SPF SIG planning has been facilitated by the Lifeways Certified Prevention Coordinator, with collaborating partners drawn from the DFC Coalition, including: Commission on Children & Families, Malheur County Health Dept., Department of Human Services, Ontario Police Dept., Boys and Girls Club of the Treasure Valley, Community in Action, and Bank of the West.

4) PROBLEM GAMBLING SERVICES

Outpatient Problem Gambling Treatment Services include group, individual, and family treatment. Specific service targets include:

- The first offered service appointment will be five business days or less from the date of request for services.
- Service sessions will address the challenges of the individual as they relate, directly or indirectly, to the problem gambling behavior.
- Telephone counseling may be offered when person-to-person contact would involve an unwise delay, as follows:
 - Individual will be currently enrolled in the problem gambling treatment program;
 - Phone counseling will be provided by a qualified provider within their scope of practice;
 - Individual service notes will follow the same criteria as face-to-face counseling and identify the session was conducted by phone and the clinical rationale for the phone session;
 - Telephone counseling will meet HIPAA and 42 CFR standards for privacy, and
 - There will be an agreement of informed consent for phone counseling that is discussed with the individual and documented in the individual’s service record.
- Family counseling includes face-to-face or non-face-to-face service sessions between a program staff member delivering the service and a family member whose life has been negatively impacted by gambling.
- Family counseling sessions:
 - Address the problems of the family member as they relate directly or indirectly to the problem gambling behavior; and
 - Are offered even if the individual identified as a problem gambler is unwilling, or unavailable to accept services.

24-hour crisis response are provided by qualified problem gambling program staff as identified in our policies or through written agreement with a Lifeways mental health services team, with the approval of the appropriate clinical operations manager.

5) EARLY INTERVENTION

School and local agencies regularly consult with Lifeways staff concerning students that they have identified as having potential mental health issues. Screening is provided (Depression, Anxiety, Mood Disorder, Psychotic Disorders etc.) and then based on evaluation and severity of symptoms, treatment needs are prioritized and client/family is offered a full array of clinical services. Adults are staffed once a month through Multi-Disciplinary Team (MDT) meeting, and children have twice a month MDT.

We have developed three contracts with the Department of Human Services (ISRS, Peer Mentor, and HB 964) to provide assessments, case management, skills training, groups and parenting assistance for identified children and their families in multiple sites.

Lifeways holds twice a month interagency meetings with Department of Human Service Child Welfare to ensure assessments are being completed, services are being provided and relevant staffing and planning is occurring for young clients in state custody or at risk for out of home placement.

We also collaborate with the Malheur County Health Department on the Early Childhood Coalition and the Community Connections Network (CCN). The CCN is dedicated to improving care and services for children and young adults with chronic conditions or disabilities. Lifeways role with CCN is as a partner agency, providing care coordination and clinical staff to participate in both of the client care teams. Additionally, staff are assigned to attend and collaborate as members of the local steering committee to identify CCN development goals and address community/public health issues.

Other collaborative early intervention work is done in conjunction with the Treasure Valley Children's Relief Nursery (TVCRN), a nonprofit organization serving families experiencing excessive and prolonged stress. TVCRN's services include:

- a therapeutic classroom for children ages 18 months to 5 years;
- home visits in which parent education and child development are the focus;
- assistance in accessing community resources to meet basic needs; and
- a clothes closet for the children of the families served. Lifeways role with TVCRN is to provide referrals to TVCRN, as well as receive referrals from TVCRN for children with mental health concerns. In addition, we engage with TVCRN in coordination and collaboration in the community to support individual and child wellness through early intervention.

6) TREATMENT AND RECOVERY

Outpatient and Mental Health Services (includes categories now referenced as Flex Funds)

Non-Residential Adult Mental Health Services (MH 20)

These services are delivered to non-OHP adult clients diagnosed with a Severe and Persistent Mental Illness, or who have other mental or emotional disorders severe enough that the client

would be considered a safety risk to themselves or others, or are unable to provide adequately for their basic needs. These services include crisis stabilization, case management, medication management, skills training, individual and group therapy, abuse investigation and reporting.

Non-Residential Adult Mental Health Services (designated) (MH 201)

These services are provided to specified individuals with a persistent mental illness or other emotional disturbance posing a hazard to health and safety of themselves or others. Services include: case management and residential case management services, rehabilitation, support to maintain housing, abuse investigation, medication monitoring and counseling services.

Child & Adolescent Mental Health Services (MH 22)

These services are delivered to non-OHP children under age 18 who have been diagnosed with a mental, emotional or behavioral disorder. Services may occur at the Lifeways Inc. clinic, in the child's home or any other appropriate setting. Services include individual or family therapy, medication management, case management, and also ICTS services if indicated by CASII score.

Community Crisis Services - Adult & Child (MH 25)

These are services delivered to non-OHP adults and children in need of crisis intervention services as a result of a sudden onset of psychiatric symptoms or deterioration from a previous level of mental or emotional stability. The services are of a limited duration and are provided 24 hours a day, seven days a week. They occur either face-to-face or by telephone screening to determine the need for necessary services and are provided by a Qualified Mental Health Professional. After-hours telephone crisis services are provided by ProToCall, a contracted telephone crisis service. As a result of the crisis intervention, appropriate recommendations or placements are made, up to and including involuntary hospitalization. Pre-commitment services are also included in this service and include pre-commitment investigation, as well as initial post-hearing care, custody and treatment of the individual.

Psychiatric Security Review Board Treatment and Supervision (PSRB) (MH 30)

These services are provided only to those individuals under the jurisdiction of the PSRB while on conditional release in Malheur County. A QMHP is assigned to evaluate and review all cases with the PSRB board prior to release and manages their treatment and supervision in the community. Additional services provided are case management, psychotherapy and medication management.

Adult Foster Care Services (MH 34)

These services are provided to individuals with a severe mental illness at risk for hospitalization or in need of continuing services to avoid hospitalization. We provide these services to maintain the individual at his or her maximum level of functioning. In order for them to live more independently, services include crisis stabilization, money and household management, skills training, medication monitoring and management of self-destructive behaviors, in order for them to live more independently.

Pre-admission Screening and Resident Review Services (MH 36)

Lifeways provides these screenings to evaluate residents in nursing homes for inpatient psychiatric hospitalization.

Supported Employment Services – Extended Services (MH 38)

We provide these services for severely mentally ill individuals (who are receiving MH 20 services) to enable them to obtain or maintain employment. Services for Supported Employment include job training, job coaching, skills training, and transportation. The focus is on transitioning these individuals into competitive employment in an integrated setting.

Substance Abuse Services

Partners and Collaborations.

Lifeways operates and maintains an outpatient clinic for alcohol and drug treatment in which we are approved to serve women, adolescents, minority groups and DUI. Essential planning and staffing efforts are made between Lifeways and other community agencies such as DHS (Child Welfare and Self-Sufficiency), Malheur County Circuit and Justice courts, community corrections, Juvenile Department, Oregon Youth Authority, Malheur County SAFE Court, Juvenile Drug Court, Malheur County Community (Mental Health) Court, Malheur County schools, etc. We participate in the community planning and organization of programming through such organizations as Local Public Safety Coordinating Council, Local Alcohol and Drug Planning Committee, Drug Free Communities Coalition and other community coalition meetings. These efforts offer opportunities for a community-based approach to alcohol and drug treatment and prevention services in Malheur County.

Evidence Based Practice

We have worked diligently to develop and utilize evidence-based treatment. Without continued funding, though, the ability to maintain these programs would be adversely impacted. Up to now there has not been a need to institute a waiting list and people are generally able to access immediate treatment in an outpatient setting. In keeping with the priorities of the community, Lifeways is compelled to develop an evidence-based program (EBP) for treating meth addicted clients. Lifeways is currently instituting the Matrix Program because of its intensity and longevity for meth addicted clients. The fact that this is free is extremely helpful in being able to implement this into the programming. Lifeways has implemented provisions of the EBP Moral Reconciliation Therapy into the outpatient Alcohol and Drug program which has proven more difficult due to the cost involved in doing so. There is continued effort forward with the challenge of ensuring that clinicians have the appropriate training to facilitate this quality service to the clients. Lifeways remains committed to implementing as many Evidence Based Programs as possible to continue to provide quality services to the clients and the community at large.

Department of Human Services and Court Systems

The Outpatient MH Services program is currently contracting with DHS to provide mentoring services for families who have open child welfare cases due to alcohol and drug issues and have their children placed within the home. Mentoring services are currently being subcontracted with the Family Place to provide Certified Recovery Mentors to the families.

Treatment Courts are an Evidenced Based Practice that have functioned in Malheur County for over a decade. There are currently three active treatment courts in Malheur County which are facilitated by the Outpatient Prevention & Recovery Services Program. Malheur County SAFE Court has been in operation since January, 2001. Since its inception, Lifeways Outpatient

Prevention & Recovery Services Program has been the primary outpatient treatment provider. With Lifeways acquiring Unio (now known as Lifeways Recovery Center), we are also providing the primary residential treatment services for this program as well.

Malheur County Juvenile Drug Court has been in operation since February, 2007. Lifeways outpatient Prevention & Recovery Services has also been involved in this program since its inception and Lifeways is the primary outpatient adolescent treatment program provider. Malheur County Community Court is a Mental Health Treatment Court and has been in operation since 2010. Lifeways has a clinician dedicated to attend this staffing every other week.

Cultural Competency

Malheur County is committed to: (1) prevention and treatment services that demonstrate cultural competency, and (2) appropriate service delivery that addresses race/ethnicity, gender, age, cognitive, physical and emotional ability and or readiness for treatment.

As specific examples of this commitment, Lifeways has:

- two bilingual/bicultural clinicians in the outpatient program—one male and one female.
- The Adolescent Drug Court involves a team approach between one treatment provider and a probation officer, both experienced in working with youth.
- Drug Free Communities Coalition flyers and prevention education materials are in Spanish and at low-literacy levels.
- The Choices early intervention for first time Minors in Possession are offered after hours, and Spanish speaking education classes are offered at the same fee level.
- We conduct separate women’s and men’s process groups for gender-specific treatment;
- The Malheur County Stop Addiction For Ever (SAFE) Court, which Lifeways participates in, and provides gender-specific treatment court services.

A/D treatment services provided by Lifeways follow a cultural competency plan that includes the implementation of the following elements in all service delivery areas:

- Recruitment of culturally diverse staff;
- Cultural competency training for all staff;
- Utilization of state treatment protocols that address the needs of diverse populations;
- Participation in local cultural competency awareness events;
- Spanish speaking staff as interpreters for treatment services;

Problem Gambling Prevention (A/D 80)

Problem Gambling prevention education has been targeted through public school presentations based on the ATOD curriculum, “Project Alert,” for middle schools with supplemental problem gambling prevention curriculum , and “High School Health: Teen Gambling Awareness,” curriculum in high schools.

Community awareness has been directed through opinion/editorial pieces using student wellness survey data regarding gambling, and feature articles about problem gambling and the services

available for affected individuals and their families in the Malheur County area – see January 29, 2013 Argus Observer article, “Youth Gambling Rates Twice as High as Adults,” http://www.argusobserver.com/news/youth-gambling-rates-twice-as-high-as-adults/article_9f381f0a-6a3d-11e2-a128-001a4bcf887a.html.

Other presentations for information dissemination are regularly scheduled with Lifeways treatment groups, and community partners, such as the Drug Free Communities Coalition, Malheur Community Services, the Local Public Safety Coordinating Council, and the Local Alcohol and Drug Planning Committee.

Problem Gambling Treatment (A/D 81)

When a potential client contacts Lifeways, either directly or through the State Gambling Hotline system, the process with each client includes some or all of the steps listed below depending on the client’s needs and willingness to access services.

- 30-60 minute interview to discuss their situation and possible need for gambling treatment services.;
- If the client expresses a desire to access treatment services, an assessment is scheduled.
- Assessment is generally a 2-hour session to determine DSM IV diagnosis for Pathological Gambling or Problem Gambling. A level of care is prescribed that meets the client’s needs and potential for relapse.
- Family and individual treatment services are designed to meet the individual needs of each client.
- Participation in local Gambler’s Anonymous groups is strongly encouraged for continuing support after treatment.

Collateral services that address the following are provided:

- Personal Budgeting Plan
- Financial Plan for working with Creditors
- Referrals to community services for the following are frequently made:
 - Consumer Credit Counseling
 - Personal Fiduciary for money management
 - AOD Counseling
 - Mental Health Counseling, individual, couples, and family
 - Psychiatric Evaluations
 - Medical Referrals
 - Local shelters for housing and food
 - Community College for career decisions and choices
 - Legal consult for considering bankruptcy or other legal issues

Lifeways currently provides Gambling services only in Malheur County, but anyone that comes to the Ontario facility, including Idaho residents who gamble in Oregon, can access services.

Lifeways Recovery Center – Residential Treatment

In July of 2012, Lifeways Inc. began operation of the UNIO Recovery Center in Ontario.

Lifeways Recovery Center (formerly UNIO) is one of a very few addiction residential treatment facilities in eastern Oregon, and the only addiction treatment program in Malheur County. Lifeways Recovery Center (LRC) has a 30 bed capacity, and the program served 120 individuals from throughout Oregon last year. There is currently an estimated waiting list of 50 Oregonians needing residential treatment services.

The facility was originally built in 1988, and covers 8,152 square feet in a two-story building; the program serves both adult men and women in segregated sections. A nearby 4-plex apartment was incorporated in December of 2012 as a Men's Transitional housing unit, and currently has three occupants. In addition, LRC is close to completing an additional four bed (2 women, 2 men) residential housing unit.

Lifeways Recovery Center uses a strength based treatment model in conjunction with EBP "Motivational Interviewing." The curriculum is built on the most current evidence based practices including: Moral Reconciliation Therapy, Helping Women Recover, Seeking Safety, Integrated Dual Diagnosis Treatment, Parenting Inside-Out, 12 step facilitation, ASAM based Assessment, Recovery Life-Skills, and treatment planning. LRC staff also regularly coordinates with Community Court and SAFE Court programs.

The addition of the LRC to Lifeways, Inc. affords the opportunity to add professional mental health support alongside Certified Alcohol and Drug Counselors for those individuals struggling with co-occurring disorders.

7) CRISIS AND RESPITE SERVICES

Crisis services are provided 24/7 (365) days per year. Protocol- the after hours phone service - employs fully trained Master's level therapists that provide crisis interventions, coordination and referrals. Crisis services also extend into the community where we see clients in the Emergency Department at St Alphonsus Medical Center, local police departments, jails, foster homes, and Lifeways Recovery Center.

Lifeways has a staff of four Master's level therapists that rotate to provide 24/7 coverage for after-hours needs. Lifeways also provides pre-commitment investigations and hospitalization as needed for people in acute psychiatric crisis. Recently bed space—even for those on a psychiatric hold has been difficult to find in eastern Oregon. This continues to be a major problem for the community. As in years past, this issue is being addressed on multiple levels.

If a client has an acute need, and is willing to go to a hospital voluntarily we can sometimes access short-term hospitalization in Idaho or Oregon.

We also have a crisis respite provider for both Children and Adults in Ontario in a group home setting. Lifeways continues to have strong and positive partnerships within our community to support crisis and respite services

8) SERVICES AVAILABLE TO REQUIRED POPULATIONS AND SPECIALTY POPULATIONS

A.) Required Populations

1. Children with Serious Emotional Disorders (SED)

- Provide slotted mental health assessments each weekday morning. This assures that every child taken into foster care receives assessment and mental health services as needed.
- We have developed 3 contracts with DHS (ISRS, Peer Mentor, HB 964) to provide assessments, case management, skills training, groups and parenting assistance for identified children and their families in multiple sites.
- We have twice a month staffings with Department of Human Service Child Welfare to ensure assessments are being completed, services are being provided and relevant staffing and planning is occurring.
- In conjunction with the Malheur County Juvenile Department, we have monthly staffing and have developed specialized groups for the juvenile population to include EBP services such as Parenting Wisely, MRT (Moral Reconciliation Therapy), Cognitive Self Change and Boy's Council and Girl's Circle that we co-facilitate with a probation officer.
- We have also augmented children's services by developing Treatment Foster Care beds with the Department of Human Services and GOBHI--a level of care between regular foster care and residential care—in addition to crisis respite care beds, and mentoring services.
- Recent funding increases allow us to serve more indigent children and provide prevention services that assist in averting hospitalization for children with acute mental health issues. Additional funding has been awarded to us to assist in training and hiring psychiatric attendants, mentors and to potentially develop more crisis respite beds.

2. Adults with Serious Mental Illness (SMI)

- The Community Support Services (CSS) Department is given the opportunity to provide treatment services to persons with severe mental illness, such as Schizophrenia and Bipolar Disorder. Lifeways goal is to provide the skills and environmental supports necessary for consumers to choose, obtain and keep: natural living, learning and working environments. Treatment teams promote and support consumers to achieve their highest level of recovery and independence.
- The CSS treatment team consists of a Psychiatrist, Psychiatric Nurse Practitioner, Psychiatric RN, two QMHP case managers (one full-time and one part-time) with supervision provided by a Licensed Clinical Social Worker who supervises team staff and is responsible for clinical and day to day program operations, and a QMHP Clinical Supervisor who shares these responsibilities along with providing case

- management services. Case managers have expertise in entitlements, housing, money management and the full range of case management methods.
- CSS has a part-time Supported Employment Supervisor and two full-time Supported Employment Specialists motivating consumers to identify and accomplish employment goals.
 - Three residential skills specialists use their expertise to assist consumers with medication adherence, activities of daily living, social skills training and community integration. Lifeways also employs one part time staff for extra support, crisis services and to maintain adequate coverage. The staff is “cross trained” and has knowledge of all CSS consumers promoting safe, healthy living. In addition to the staff mentioned, Lifeways employs several consumer “peer support persons” to provide a variety of services such as transportation, managing the consumer center, peer counseling and support, “chores” such as helping a peer with housecleaning or moving, psychiatric “sitting,” facilitating activities and 12 step groups, etc.
 - Lifeways provides oversight for the 20 hour Medicaid-funded Personal Care Aide Program, AFH Providers and sub-providers in the community, and support to families caring for ill family members. An important partner in providing recovery-oriented services is Silver Sage, a consumer-directed center which recently relocated across the street from Lifeways in a local shopping mall. Silver Sage Consumer Group is client-run and works to eliminate isolation of mentally ill people through peer support, education, socialization and community inclusion activities.
 - Services to CSS consumers are delivered on a continuum of care in order to meet the consumer where they enter services and to provide the treatment to move them to the greatest level of recovery. Lifeways embraces the spirit of several evidenced based practices including Assertive Community Treatment, Co-occurring Disorders; Integrated Dual Diagnosis Treatment, Supported Employment, Consumer –run Drop-In Centers and Supported Housing. Some treatment techniques include Motivational Interviewing, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, and Skills Training. Treatment is delivered “in vivo” and based upon a treatment plan developed to improve deficits in functioning identified as a result of severe mental illness.
 - Our focus is on recovery and community functioning so a continuum of care in housing is important. We currently have six adult foster homes, two “transitional” or semi-independent housing facilities and three site supported apartment complexes (these are not owned or operated by Lifeways but we provide daily support to individuals residing in these apartments) in addition to a four-plex owned and operated by Lifeways. We also maintain at least one “respite” bed for consumers needing emergency support to avoid a hospitalization. Lifeways continues to look at the population and community for areas to develop needed services such as a semi-independent residence for an aging clientele. Through a grant, the agency continues to provide opportunity for supported housing for five indigent persons with mental illness.
 - Lifeways has placed more focus on securing grants from the state and elsewhere to be

able to provide the services needed in our community that are not funded. To operate as good financial stewards, Lifeways continues to seek out alternative funding sources to provide services to indigent individuals not covered by Medicaid. Lifeways has received grants to provide case management services, some housing at the semi-independent level of care, and supported employment. Grant applications have been submitted to access newly created habilitation funding to support many clients with independent living by providing services and resources clients lack but are again not covered under Medicaid or Medicare.

- Another accomplishment meeting a major concern from a forum held for our prior biennial implementation plan, was the development of a mental health court. This community effort provides legal consequences for misdemeanor criminal behavior in conjunction with wraparound mental health services. A small state jail diversion grant was received to provide funding for initial services, as well as \$3,000 to provide training for community partners and “first responders” in crisis intervention.
- Lifeways has found that this program is enhanced by the consumers who have stepped up to provide a variety of peer support services. A state grant has been received to hire a part time Peer Directed Services Support Technician to assist peer counselors and peer support providers to develop the program and to increase the level of competency in providing service to others. Peer Support Counselors currently staff a “warm line” to connect to peers, thereby reducing isolation and loneliness.

The “required populations” below receive priority access to services in addition to assistance with referrals to other local agencies as appropriate, such as: County Health Dept, Love Inc, DV Shelters (Project Dove), Harvest House, Local Food Banks, Ecumenical Services, local hospital, Primary Care Providers, DHS, Relief Nursery, Self Help Community Support Groups, etc.) Case management services are available through the addictions and recovery program.

- Persons who are intravenous drug users (as noted above)
- Women who are pregnant and have substance use and/or mental health disorders (Please refer to above)
- Parents with substance use and/or mental health disorders who have dependent children
 - HB 964 DHS Grant is an in-home A&D and MH assessment for families identified in the DHS system. Also provide Strengthening Families Program EBP and Case Management Service. Peer Mentor is a cooperative grant with DHS where mentors are assigned to DHS families who have A&D issues. ISRS – Cooperative grant with DHS to provide skills building in the home for identified DHS parents.
- Persons with tuberculosis (as noted above).
- Persons with or at risk for HIV/AIDS and who are in addiction treatment (as noted above).

B.) Specialty Populations

- Adolescents with substance use and/or mental health disorders
 - This population has a full array of services plus referrals to community resources based on their need.
- Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression
 - Children have full array of services plus referrals to community resources based on their need.
 - Treatment foster care, mentoring, respite care, in home skills building and parenting, adolescent group homes, etc.
- Military personnel (active, guard, reserve and veteran) and their families
 - This group has access to a full array of services plus referrals to community resources based on their need.
 - Lifeways is working with Veterans advocate, the National Guard and their families pre and post deployment to provide information about services, and provide 24-7 crisis services, and coordinate with Veterans Services such as Tricare (designated clinician), Vet Admin, Vet regional crisis system, etc.
- American Indians/Alaskan Natives
 - They have full array of services plus referrals to community resources based on their need.
 - Due to the geographic location of Lifeways there is a low rate of serving this population in Malheur County. However, services are offered to all specialty populations and provided with referrals to appropriate agencies to ensure cultural competency.
- Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system
 - They have full array of services plus referrals to community resources based on their need.
 - 24-7 crisis services are available for this population. Based on their ability to pay they would be offered Brief Solution Focus Treatment until crisis has been stabilized. Ongoing services for mental health and addictions services would be available based on severity and need. We would assist client in access to community-based services for after care.
- Persons with mental health and/or substance use disorders who live in rural areas
 - They have full array of services plus referrals to community resources based on their need.
 - Need for transportation or alternative arrangements can be made, such as telephonic intervention or funding for transportation.
- Ethnic population:
 - They have full array of services plus referrals to community resources based on their need.
 - There is predominately a Hispanic population of Mexican ancestry that access services. To service this need we have increased additional staff who are bilingual and bicultural (Spanish).

- This community also has a significant Japanese-American population, but this group rarely seeks our services. However, when they do we provide a full array of services for them.
- Lesbian Gay Bisexual Transgender-Questioning (LGBT-Q):
 - This group has a full array of services available plus referrals to community resources based on need. We offer support groups for parents of LGBT-Q.
- Persons with disabilities (*DD/SPD*):
 - We provide full comprehensive DD services (Evaluation, Testing, Case Management, Brokerage, Foster Homes, Crisis Services,
- Persons with or at risk for HIV/AIDS and who are in addiction treatment.
 - They have full array of services plus referrals to community resources based on their need.

9) ACTIVITIES THAT SUPPORT INDIVIDUALS IN DIRECTING THEIR TREATMENT SERVICES AND SUPPORTS

Individual Service and Support Planning

- All services **are** based on a Plan derived from an assessment of the client's presenting problems needs.
- Lifeways delivers or coordinates, for each individual, appropriate services and supports to collaboratively facilitate intended service outcomes as identified by the individual, and family or guardian, as applicable.
- Qualified program staff, as defined in these policies, facilitate a planning process, resulting in an Individual Services and Supports Plan that reflects the assessment and the level of care to be provided.
- If circumstances require that services begin immediately (before a nonprovisional assessment and service plan can be completed collaborative with the individual, a provisional Individual Services and Supports Plan, including applicable crisis services, is completed prior to the start of services.
- For mental health services, a QMHP, who is also a licensed health care professional, recommends the services and supports by signing the provisional Individual Services and Supports Plan.
- If services are continued, an Individual Services and Supports Plan **is** completed within a timeframe that reflects:
 - The type and level of services and supports to be provided;
 - A complete assessment; and

- Engagement and agreement of the individual, and family or guardian as applicable, in the development of the Individual Services and Supports Plan.
- Individuals and family members, or guardians as applicable, are encouraged to collaboratively participate in the development of Individual Services and Supports Plan.
- Lifeways staff developing the Individual Service and Support Plan fully inform the individual and family or guardian as applicable, of the proposed services and supports in developmentally and culturally appropriate language and give the individual, and family or guardian when applicable, a written copy of the Individual Services and Supports Plan.
- Lifeways staff developing the Individual Service and Support Plan obtain informed consent from the individual, and family or guardian when applicable, for the proposed services and supports, including any medications, behavior support strategies and emergency safety interventions.
- With appropriate authorization for disclosure and release of protected health information, Lifeways staff developing the Individual Service and Support Plan collaborate with community partners to coordinate or deliver services and supports identified in the Individual Services and Supports Plan, and if such collaborative efforts are disallowed by the individual, this will be documented in the Individual Service Record.
- Lifeways staff developing the Individual Service and Support Plan request authorization to exchange information with any applicable physical health care providers and/or fully capitated health plans to allow collaboration in promoting regular and adequate health care.
- When there are barriers to services due to culture, gender, language, illiteracy, or disability, the Lifeways staff take measures to address or overcome those barriers including:
 - With supervisory approval, making reasonable modifications in policies, practices, and procedures to avoid discrimination (unless it can be demonstrated that doing so would fundamentally alter the nature of the service, program, or activity);
 - Providing supports including, but not limited to, the provision of interpreters to provide translation services, at no additional cost to the individual; and
 - With supervisory approval, referring an individual to another provider if that individual requires services outside of the area of specialization available through Lifeways.
- The Individual Services and Supports Plan documents the specific services and supports to be provided, arranged or coordinated to assist the individual and his or her family, if applicable, to achieve intended outcomes.
- At minimum, each Individual Services and Supports Plan includes:
 - Measurable or observable intended outcomes;
 - Specific services and supports to be provided;
 - Applicable service and support delivery details, including:
 - ❖ The anticipated frequency and duration of each service, and

- ❖ Sufficient description of purpose, nature or modality of each services to allow treatment team members comply with the intent of the plan;
 - Criteria for service conclusion;
 - Timelines for review of progress toward achievement of intended outcomes; and
 - Timelines for updating the assessment and the Individual Services and Supports Plan.
- Timelines for review and updating of Individual Services and Supports Plan are consistent with the level of care provided and the needs of the individual.
- For Psychiatric Day Treatment Services, reviews are conducted every 30 days and the LMP will participate in the review at least every 90 days.
- For ICTS programs, the Individual Services and Supports Plan also includes:
 - Identification of strengths and needs;
 - A service coordination section that summarizes service planning in all relevant life domains by the participating team members;
 - Proactive safety and crisis planning; and
 - If applicable, a behavior support plan consistent with [OAR 309-032-1540\(8\)](#).
- If the plan includes mental health services, a QMHP, who is an Oregon licensed health care professional (LPC, LMFT, LCSW or LMP), recommends or approves the services and supports by signing the Individual Services and Supports Plan within five days of the development of the Individual Services and Supports Plan.

A LMP reviews and approves updates to the Individual Services and Supports Plan at least annually for each individual receiving mental health services for one or more continuous years.

B. Role of the Local Mental Health Authority

The role of the Local Mental Health Authority (LMHA) is to facilitate beneficial use of the system of public mental health and addiction care and services available through the local county mental health and addiction programs and to insure access to public mental health and addictions care. The LMHA is the Malheur County Court or board of county commissioners (see 430.620¹ establishment of community mental health and developmental disabilities programs by one or more counties). However, since 1997 Malheur County Court developed a contractual relationship that designated Lifeways, Inc. as their representative for the purpose and therefore on behalf of the county, Lifeways may:

- In conformity with the rules of the Department of Human Services, establish and operate, or contract with a public agency or private corporation for, a community developmental disabilities program.
- In conformity with the rules of the Oregon Health Authority, establish and operate, or contract with a public agency or private corporation for, a community mental health program.
- Cooperate, coordinate or act jointly with any other county or counties or any appropriate officer or agency of such counties in establishing and operating or contracting for a

community mental health program or community developmental disabilities program to service all such counties in conformity with the regulations of the department or the authority.

- Expend county moneys for the purposes referred to in paragraph (a), (b) or (c) of this subsection.
- Accept and use or expend property or moneys from any public or private source made available for the purposes referred to in paragraph (a), (b) or (c) of this subsection.
- All officers and agencies of a county, upon request, shall cooperate insofar as possible with the county court or board of county commissioners, or its designated representatives, in conducting programs and carrying on and coordinating activities under subsection (1) of this section. [1961 c.706 §39; 1973 c.639 §2; 1981 c.750 §2; 1989 c.116 §10; 2009 c.595 §507].

At this time, Lifeways does not have subcontracted providers for Mental Health, Addictions, or Developmental Disabilities services.

C. LMHA Collaboration with CCO

Lifeways has a written agreement with coordinated care organization (“CCO”) and the CCO in Malheur County is Eastern Oregon Coordinated Care Organization (EOCCO). The mutual goal for the agreement is to coordinate services and efforts to meet the mental health and addictions needs of EOCCO members and the community, maintain the mental health safety net, and achieve improved mental health and addictions outcomes.

- A mental health safety net may include but is not limited to: Maintenance of 24/7 crisis line, crisis respite services, mobile crisis services, liaison with local law enforcement, sub-acute services, crisis services to the jail, coordination of acute care services, alcohol and drug detoxification, and sobering station.
- Management of children and adults at risk of entering or transitioning from Oregon State Hospital (OSH) or residential care and may include but not limited to: Enhanced care management, community-based supports, referrals to lower level residential services, utilization review of individuals on the state hospital waitlist.
- Management of care coordination of residential services and supports for adults and children and may include but not limited to: Utilization review, identifying and referral to community-based supports, intensive case management, and peer delivered services.
- Management of community-based specialized services including but not limited to supported employment and education, early psychosis programs, assertive community treatment or other types of intensive case management programs and home-based services for children and may include but not limited to: Support of employment specialists, educational supports, peer delivered services, care coordination services, family supports family navigators.
- Management of specialized services to reduce recidivism of individuals with mental illness in the criminal justice system and may include but not limited to: Jail diversion services, mental health courts, coordination activities with community justice, juvenile justice, courts and law enforcement.

In addition, Lifeways and Malheur Health Department and the EOCCO have been working in collaboration to develop a demonstration project for a Network Coordinating Committee for Care Coordination since July 2012 and continue to meet monthly. The collaboration effort was named “Lifeways Integration for Treatment” (LIFT), and has proceeded as a demonstration project. The 3-Phase planning model adapted from Pathways for the LIFT demonstration: In short, LIFT will conduct case spotting to find clients with Severe Mental Illness and chronic health conditions, treat these high need/high resource utilizing clients through integrated care, and then evaluate outcomes at the client level.

Five clients from Lifeways’ Intensive Community Support Services, 10 clients from Outpatient Mental Health Services, and 5 clients from the Medication Management program will be selected who are also served by medical providers at Malheur County Health Dept., St. Alphonsus Hospital, St. Luke’s, Valley Family Health Care (FQHC) and Debra Alexander, NP, a private provider in Ontario. These joint clients/patients will be treated through the Pathways process, and they will be followed to evaluate health outcomes. Preliminary discussions and planning sessions between the agencies have already identified barriers and communication issues that will need to be addressed for the demonstration.

The initial selection of Malheur providers for the network was based on those provider partners who have demonstrated their willingness to commit to a strategic planning process and the eventual sharing of resources, expertise, and information were selected as the first “cohort” of the Network. These partners have signed on with the understanding that others will be recruited and added as time and resources permit—and as their services/programs meet identified consumer or provider needs.

In addition, Lifeways and Malheur Health Department were delegated by Malheur County Court to create and develop the Advisory Committee for EOCCO. The list was finalized in December 2012 and the first meeting was held on February 7, 2013. Judge Joyce appointed the health department to chair the Advisory Committee because County Health Dept. has been participating directly in the LIFT demonstration described above, and the health department has expertise regarding Promotoras—an outreach and community health education model for reaching Latino communities, which has been used to promote maternal and child health. The health department also has a wealth of experience in conducting public health nurse home visits, and is the county provider for family planning and reproductive health services, breast and cervical cancer program, immunizations, communicable disease control, and vital statistics services. This partner also brings to the network connections and experience with: Centers for Disease Control and Prevention programs, health care standards and outcome measurement, the design of community health initiatives, grant writing, medical research, and health policy.

D.) MHAC and LADPC MEMBERS

- Chair Lt. Debbie Hust, Malheur County Corrections
- Steve Phillips, Education Service District (Proxies: Terry Herzberg, Darbie Dennison)
- Judge Dan Joyce, Malheur County Court
- Mark Alexander, Ontario Police Department (Proxies: Glenn Kee, Rick Esplin, Steve Mallea, & Dave Walters)
- Ron Verini, Veterans Advocates

- Brian Wolf, Malheur Corrections (Proxy: Lt Rachel Reyna)
- Linda Cummings, Juvenile Department (Proxy Susan Gregory)
- Kelly Poe, Commission on Children & Families (Proxy: Angie Uptmor)
- Stephanie Dockweiler, R.N., Director, Malheur County Health Dept.
- Wendy Hill, DHS Child Welfare (Proxy: Ana Leos)
- Christine Mosier-Cryslar, Lifeways Addictions & Dependency Program Manager

2. COMMUNITY NEEDS ASSESSMENT

Community Needs Assessment Process

Lifeways will utilize the St. Alphonsus Medical Center, Ontario’s “2011-2012 Community Health Needs Assessment” (CNA), which provides a comprehensive overview of key community health indicators, including: county health rankings, leading causes of death, disease-specific indicators, access to care measures, risk factors for premature death, and preventive health factors.

In addition, Lifeways completed 3 focus groups (MHAC/LADPC, LIPSCC, and DFC Coalition) to review excerpts from the St. Alphonsus CNA, the state’s epidemiological data, and behavioral health data in order to obtain community feedback on the strengths and needs for the behavioral system as we move towards integration.

The focus groups represent a variety of stakeholders, including county officials, health department, state and local law enforcement, commission on children and families, schools districts, developmental disabilities, substance abuse provider, hospitals and health care providers, DHW-Child Welfare, juvenile justice, Oregon Youth Authority, community members, peer advocates, and consumers.

Please see the Addendum Section for copies of Preliminary Focus Group Reports.

PART II: STRENGTHS AND AREAS FOR IMPROVEMENT

* items in *Italics* were identified in focus groups as either a Strength or Area for Improvement

AREA	STRENGTHS OR AREA FOR IMPROVEMENT	PLAN TO MAINTAIN STRENGTHS OR ADDRESS AREAS NEEDING IMPROVEMENT
a) Mental Health Promotion	<p><u>Strengths</u> Frontier Leadership Conference Care Givers Conference Prevention and Outreach Education about MH with Schools, Community Partners, DHS, PCPs, Hospitals, etc. <i>Hands Around the Park</i> (recovery) <i>Prom Perfect</i> (SA prevention) <i>Be the Change/Challenge Day</i> (anti-bullying)</p>	<p><u>Maintain Strengths</u> -Plan to keep all current community activities; update information and maintain collaborations as needed.</p> <p><u>Plan for Areas Needing Improvement</u> -Additional activities for MH awareness month in May. -Implement an annual community event for MH promotion. -Develop a general media campaign for MH awareness and public information.</p>
b) Mental Illness Prevention	<p><u>Strengths</u> -Head Start and Early Intervention work with 0-6 population and parents for early identification and symptom recognition. -Provide community outreach to various agencies and schools. -Participate in monthly column in the local newspaper to increase community understanding and recognition of mental illness.</p>	<p><u>Maintain Strengths</u> -Continue with all current Strengths.</p> <p><u>Plan for Areas Needing Improvement</u> -Develop and Implement EASA or EASA Lite or Like program if we are unable to meet fidelity. -Participate in Treasure Valley Live-AM Radio Talk Show -Implement education and support groups for families at St Alphonsus where families can participate. -Coordinate Prevention Media Campaign with MH promotion (see plan above). -Provide weekly community education and support groups for families.</p>
c) Substance Abuse Prevention	<p><u>Strengths</u> -Lifeways funds a full-time certified prevention specialist position. -Prevention activities focused on underage drinking.</p>	<p><u>Maintain Strengths</u> -Continue funding priority for a full-time certified prevention specialist position at Lifeways. -Continue CHOICES and Adult MIP local programming. - Implement Bullying prevention program for victims who are more likely to use substances. Develop/obtain curriculum that targets bullying and substance abuse prevention</p>

	<p>CHOICES locally developed class on early intervention for substance abuse prevention.</p> <p>ADULT Minor In Possession (MIP) early intervention class for 18-20 yr. olds regarding education on legal and physical consequences of alcohol use.</p> <p>-EUDL Grant awarded through DFC coalition to improve collaboration with and support Law Enforcement and Oregon Liquor Control Commission (OLCC) in their dealings with local alcohol retailers as well as</p> <p><i>-Drug Free Communities (DFC) Coalition has been meeting for 3 years, and has been in existence for 6 years.</i></p> <p><i>Boys and Girls Club of W. Treasure Valley is active collaborator in DFC.</i></p> <p><i>Law enforcement partnerships are positive as reflected in their active collaborations in DFC and SPF SIG projects.</i></p>	<p>EUDL: Continue to work with local law enforcement, OLCC, and alcohol retailers to stop sales of alcohol to minors.</p> <p>Drug Free Communities Coalition: Support the DFC Coalition into its 7th year and beyond.</p> <p>Resubmit grant application to SAMHSA (due March 22, 2013) with Lifeways as the fiscal agent/applicant.</p> <p>DFC will increase community-based and environmental prevention efforts, with input from youth, families, and community collaborators, such as schools & law enforcement.</p> <p>Community campaigns on substance abuse prevention will be coordinated with media, special events (e.g. Red Ribbon Week), and trained Speakers Bureau.</p> <p>DFC will implement a new Youth Coalition to augment peer directed media/social media messages and advise on <i>healthy, positive activities for all ages.</i></p> <p>Coalition members, including youth, will train on CADCA. Youth will also train on “SMART Leaders” & “SMART Moves.”</p>
--	---	---

	<p>SPF SIG grant awarded for frontier geographic area to reduce 18-25 high risk and binge drinking within Malheur County.</p> <p>-Improved relationships with schools county wide due to increased efforts on site with education and prevention activities.</p>	<p>SPF SIG: Develop and implement Positive Community Norms Campaign to address <i>cultural norms that endorse family/rural alcohol & drug use.</i></p> <p>Develop and implement Counter-Marketing/Counter-Advertising campaign to combat high risk/binge drinking.</p> <p>Develop Media Advocacy strategy to put a “positive spin” on prevention of alcohol and substance use among youth.</p> <p>Assess community event regulations and college policies relative to alcohol sales & consumption; recommend revisions.</p> <p>Work with law enforcement & OLCC on compliance checks.</p> <p>Apply for additional grants to implement innovative programming and increase community-based and environmental prevention efforts to address <i>lack of adequate funding for rural services.</i></p>
<p>d) Problem Gambling Prevention</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> -Lifeways continues to fund a full-time certified prevention specialist position. -Incorporation of problem gambling with Project Alert: Middle School EBP for substance use prevention. -County Schools participate in State Calendar Art Search. -Community events and speaking engagements. -Participate in annual booth for <i>Hands Around the Park.</i> -Provide articles to local newspapers -Provide flyers to agencies and community partners. 	<p><u>Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -Implement Oregon Problem Website curriculum for schools to help support them to design gambling prevention activities. -Increase community awareness through media campaign and public speaking engagements.

<p>e) Suicide Prevention</p>	<p><u>Strengths</u> LW Clinicians go to schools & civic groups to speak on awareness, depression & adolescents.</p> <p>Co-sponsor on ASIST community training (for 3 yrs).</p> <p>Coordinate with partner agencies re specific individuals.</p> <p>Crisis Intervention trainings required by LW and Masters Level w/licensure</p>	<p><u>Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -Implement Question-Persuade-Refer EBP -Repeat training on ASIST at the community level -Implement Mental Health First Aid- adolescent module to train peers to help identify and refer youth with mental health crises, or at risk for suicide. Build on <i>strong-faith based community outreach to persons in crisis</i>. -Prepare articles for local media re awareness & prevention (continue & new). -Investigate and consider adaptation of methods other counties use for suicide prevention. -A & D staff will work closer with MH for suicide prevention; develop process to work in the schools with MH department.
<p>f) Treatment: Mental Health - Addictions</p>	<p><u>Children’s Mental Health Strengths</u></p> <ul style="list-style-type: none"> -Utilizing new approaches involving parents with children in treatment (e.g. Friendship Camp) -Early identification of children. -Use of Community Resource Teams. -On-site services in locations outside Lifeways (e.g. homes). -Bilingual staff -Treatment Foster Care and Respite arrangements -For DHS children- screening, assessment, and providing needed services sooner; very thorough <p><u>Children’s MH Needs & Priorities</u></p> <ul style="list-style-type: none"> -Oregon Youth Authority kids need mentors to help with transition and positive interaction -Need to continue to have treatment that involves family and child, and a way to get parents involved. -Need coordination with school staff 	<p><u>Children’s MH Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -Increase Lifeways capacity to serve as an information and referral center for children’s treatment services. -Continue to recruit and train children’s mentors -Increase family involvement in mental health treatment services. -Lifeways to provide outreach services to smaller school districts in Malheur County. <p><u>Adult MH Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -Develop a “holding room” for acute/crisis adult clients. -Provide more intensive and meaningful Dual Diagnosis treatment. -Provide additional training on MRT, DBT, and Strengthening Families 10-14. -Focus on women’s dual diagnosis issues with EMDR treatment available for trauma victims. -Continue to develop a Mental Health Court treatment model in Malheur County and expand community partnerships. -Conduct research to assess community support for a Family Treatment Court.

	<p>and mental health staff. Provide more consistent treatment across the continuum of care.</p> <ul style="list-style-type: none"> -Need to minimize duplication of services with DHS (FDM/CRT) -Need more persistence in reaching out to all of the school districts <ul style="list-style-type: none"> • Need resources and training on grief and loss for staff and for families; Also PTSD • Need Lifeways to be a referral source and contact for services for all mental health issues <p><u>Adult MH Strengths</u></p> <ul style="list-style-type: none"> -2 Bilingual and Bicultural Spanish speaking clinicians. -3 CADCI clinicians -2 Master Level clinician to provide co-occurring MH/A&D treatment -Provide Level .5, I, II, & III services. -Acquired UNIO – A&D residential services (Lifeways Recovery Center) -Men and Women’s transitional housing available. -Providing co-occurring groups in conjunction with A&D/MH clinicians. -Weekly staffing with A&D/MH staff. -Utilizing EBPs such as Matrix Model and MRT. -Participation in Treatment Court, Adult Treatment Court, and MH Community Court. <p><u>Adult Mental Health Needs</u></p> <ul style="list-style-type: none"> -acute care services/facilities & secure 	
--	--	--

	<p>treatment facilities</p> <ul style="list-style-type: none"> -intergovernmental agreement with Idaho acute care facilities -Expand Mental health court services -Dual Diagnosis Treatment -Trauma Treatment & EMDR -More Certified Recovery Mentors -Ongoing Training and funding to keep up certification and fidelity for EBPs. <p><u>Problem Gambling Strengths</u></p> <ul style="list-style-type: none"> -Bilingual & Bicultural CGACI staff who has over 22 years of experience in the addictions field. -Onsite or in home Assessments & Treatment. 	<p><u>Problem Gambling Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -More Community Outreach, particularly to Hispanics. -Develop a Gambling Anonymous support group. -Obtain services of a female counselor due to gender and cultural issues. -Social Media utilization (Addiction, Treatment, & Prevention) -Increase overall utilization of treatment program. -Obtain treatment EBP manuals/materials, e.g. Matrix, in Spanish for monolingual Spanish clients with gambling Addictions -Arrange for CGACI staff to attend more community meetings. -Increase outreach through use of flyers and brochures in bilingual format. . -Increase client and community education with Hispanics, particularly youth, through collaboration with Latino Advisory Committee on Gambling. -Obtain EBP materials for bilingual education/treatment for problem gambling.
<p>g) Maintenance / Recovery Support</p>	<p><u>Strengths</u></p> <ul style="list-style-type: none"> -Case Management -Provide referral and education on support groups. -Building a relapse prevention plan prior to discharge. -Clients are allowed to participate in ongoing groups and/or individual sessions free of charge after successful completion of treatment. 	<p><u>Plan for Areas Needing Improvement</u></p> <ul style="list-style-type: none"> -Develop an alumni group -Train and Certify Peer Recovery Mentors -Increase integration and networking relationship with Medical Providers -Increase co-occurring services to build behavioral modification to sustain sobriety. -Implement a Follow up system for clients discharged from treatment.
<p>h) The LMHA's Quality Improvement process and procedure</p>	<p><u>Strengths</u></p> <p>The Quality Assessment and Performance Improvement Process is documented in an annual Performance Improvement Plan developed by each</p>	<p><u>Plan for Areas Needing Improvement</u></p> <p>In an effort to improve data collection & compliance across the agency, the new Compliance Officer (To Be Hired) will report directly to the Lifeways Board of Directors.</p>

	<p>Quality Improvement Committee including:</p> <ul style="list-style-type: none"> -Performance objectives aimed at improving services; and -Strategies designed to meet the performance objectives and measure progress. 	
<p>i) Service coordination and collaboration with corrections, social services, housing, education, employment and other community service agencies</p>	<p><u>Strengths</u> <i>Interagency collaboration and community engagement</i> are strengths of Lifeways. This is exemplified by the Lifeways Integration For Treatment (LIFT) demonstration project for care coordination, which has been piloted in Malheur Co. with Malheur Co. Health Dept., St. Luke’s, St. Al’s, Valley Family Health Care, EOCCO, and other private providers.</p> <p>Other strengths in this area include: ICTS, <i>DFC</i>, <i>SAFE Ct.</i>, <i>Community Ct.</i> Multi-disciplinary Team meeting.</p>	<p><u>Plan for Areas Needing Improvement</u></p> <p>Expand LIFT to Umatilla County providers and networks.</p> <p>Continue to refine data sharing processes, forms, protocols for interagency care coordination and behavioral health home.</p> <p>Collaborate with Malheur Co. Health Dept. to seek support from EOCCO to fund Navigators (Community Health Workers) for care coordination.</p> <p>Seek foundation funding for LIFT-associated projects, to test methods, conduct surveys, convene and train partners.</p>
<p>j) Behavioral health equity in service delivery</p>	<p><u>Strengths</u> LGBT-Q clients have access to full array of services plus referrals to community resources based on need.</p> <p>We offer support groups for parents of LGBT-Q.</p> <p><i>Cultural diversity of the community</i> is seen as a strength for the behavioral health system.</p>	<p><u>Plan for Areas Needing Improvement</u></p> <p>A staff clinician will be designated on an annual basis to research and update treatment options/service needs/ resources available for LGBT-Q populations, and present as a staff inservice, with resource listing.</p> <p>Work with collaboration partners to <i>increase representative leadership from diverse groups</i> on behavioral health planning and advisory boards/committees in Malheur County.</p>
<p>k) Meaningful peer and family involvement in service delivery and system development</p>	<p><u>Strengths</u> Children’s Advisory Council –GOBHI Foster parent on CAC Chris Cooly on GOBHI Subcommittee for Peer Involvement – 3 total</p>	<p><u>Strengths</u> Continue DFC activities for peer and family involvement in system development and policy advocacy.</p> <p><u>Plan for Areas Needing Improvement</u></p>

	Frontier Leadership Network Peer reps for Supported Employment	-Implement Strengthening Families (EBP) Curriculum – family groups (adult and child groups). -Help recruit peers and family for local EOCCO Advisory Committee to ensure that behavioral health and physical health care coordination is developed with peer/family input.
l) Trauma-informed service delivery	<p><u>Strengths</u> “Trauma Informed Services” means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.</p> <p>All clinical staff have had Trauma related trainings as a part of their degree requirements and also continuing education. Our therapists treat a high percentage of trauma victims with approximately 70% percent of the children we see as victims of physical, sexual and emotional abuse. We continue to remain current in this field.</p>	<p><u>Plan for Areas Needing Improvement</u> Upcoming trainings- Through our Essential Learning System- “Does your organization measure up”; “Introduction to Trauma Informed Care”; “Trauma Informed Treatment for Children with Challenging Behaviors,”and Spring GOBHI Conference “The Neurosequencial Model of Therapeutics.”</p> <p>4 trainings are planned for all of our clinical staff both A/D and MED. Trauma informed care will continue to be a part of Lifeway's treatment for all victims of abuse.</p>
m) Stigma reduction	<p><u>Strengths</u> Lifeways has conducted a Study on perceptions of our agency in the community.</p>	<p><u>Plan for Areas Needing Improvement</u> The study results will inform a new media campaign to address behavioral health stigma and more effective marketing of our services in the community.</p>

<p>n) Peer-delivered services, drop-in centers and paid peer support</p>	<p><u>Strengths</u> CSS Peer Group Peer Delivery Services, including Drop In Center Warmline, Silver Sage and Gold Sage Drop in center</p>	<p><u>Strengths</u> Continue all current peer services.</p> <p><u>Plan for Areas Needing Improvement</u> Seek grants and support to increase training for peers and local agency staff that volunteer at the Drop In Center.</p> <p>Seek funding for Mental Health First Aid training in the community; begin with peers associated with a program.</p>
<p>o) Crisis and Respite Services</p>	<p><u>Strengths</u> Lifeways provides 24/7/365 crisis response capability to the community.</p> <p>Protocall- our after hours phone service -employs fully trained Master's level therapists that provide crisis interventions, coordination and referrals.</p> <p>Crisis services also extend into the community where we see clients in the ER at St Alphonsus Medical Center, the police departments, the jail, foster homes, and <i>Lifeways Recovery Center (Residential A&D treatment facility)</i>.</p>	<p><u>Plan for Areas Needing Improvement</u> <i>Mental holds</i> – Lifeways needs to collaborate with LPSCC and LADPC/MHA to reconvene a committee tasked with planning a Hold Room.</p> <p><i>Crisis Resources</i> – continue to develop funding & resources to address rural and frontier needs for crisis training, hold facilities, and respite beds.</p> <p>Collaborate with community partners to implement a <i>24 hour homeless shelter</i> – currently there is no night shelter.</p> <p>Develop respite service capacity at Lifeways Recovery Center (LRC). Explore potential implementation of <i>Medical Detox</i> and <i>Sobering Station</i> at LRC.</p>
<p>p) Other</p>	<p><u>Strengths</u> Focus groups identified a constellation of strengths related to leaders and agencies in this rural/low resource community working creatively to fund programs and services—often without allocations or line items in their budgets to do so. Rural providers may be more “nimble” in responding to new needs or priorities, and rely on their relationships with other agencies and community members to organize new programs and services.</p>	<p><u>Plan to Build on Strengths</u> The CCO initiative rolling out in Oregon essentially mandates collaboration and holds out the potential to reward creative and flexible responses that meet behavioral and physical health needs.</p> <p>Lifeways will continue to work in collaborations and coalitions with partners in the community, and will expand its efforts to seek out new funding streams, e.g. local and national foundations, contracts, and cooperative agreements. Specific focal points for creative partnerships will include:</p> <ul style="list-style-type: none"> • Community Health Workers / Navigators • <i>Adolescent A & D residential treatment</i>

		<ul style="list-style-type: none"> • Programs to serve individuals affected by <i>TBI, Borderline IQ, seniors with dementia, dually diagnosed</i> • Enhanced commitment to community-based <i>Prevention services.</i>
--	--	--

PART III: PERFORMANCE MEASURES

1) CURRENT DATA AVAILABLE LMHA CORE ACCOUNTABILITY MEASURES		
PERFORMANCE MEASURES	DATA CURRENTLY AVAILABLE	CURRENT MEASURES (IF AVAILABLE)
a) Access/Number of individuals served	Reporting Period: 07/01/2011 - 06/30/2012 Access – Total Number of individuals served: 2,405 SA Treatment - 568 (47% self-pay) MH Treatment - 1,827 (28% self-pay) Gambling Treatment - 10 (100% Gambling Contract)	Our Electronic Medical Record (EMR), Credible, has been operational since late 2010. We feel confident about the reliability of the data starting on 7/1/11. We were the first provider to implement Credible in the State of Oregon, and we will continue to collect data through Credible. See Addendum 1 for Report on Individuals Served
b) Initiation of treatment services – Timely follow up after assessments (Number of individuals served within 14 days of index date/Number of individuals with an index service date.) (Index is a start date with no services in the prior 60 days.)	We can collect: Mental Health Index: -Assessment A&D Index: Assessment MH: -Credible: (Per client, Per MH program, per sliding fee-Non-Medicaid.) -A&D treatment:	See Addendum 2 for Report on Timely Follow Up Preliminary Data (subject to correction) MALHEUR (7/1/11-6-30-12) MHS Index - 467 MHS 14 days - 168 MHS 30 days - 195 SA Index - 119 SA 14 days - 78 SA 30 days - 91

	<p>-Credible: (Per client, Per A/D program, per sliding fee-Non-Medicaid.)</p> <p>Prevention: - A&D prevention data narrative -Gambling treatment and prevention narrative</p>	<p>Gambling Index – 6 Gambling 14 days – 6 Gambling 30 days – 6</p>
<p>c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation (Number of individuals who receive two or more services within 30 days of initiation date/ Number of individuals with an index service date.)</p> <p>(Index is a start date with no services in the prior 60 days)</p>	<p>See b) in row above</p>	<p>See b) in row above</p>
<p>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 (Number of individuals with a follow up service that starts within seven days of discharge (from hospital or facility based service)/total number of discharges.)</p>	<p>-Pre-Authorization to Hospital (admin-discharge). -All services after discharge are to be categorized as follow up visits. -Hospital or residential (MH-A&D). - Pre-authorization is completed in Credible.</p>	<p>NOT CURRENTLY COLLECTING HOSPITAL/FACILITY DISCHARGE DATE. We propose to develop a new protocol.</p> <p>There is currently no protocol in place to collect data when a client returns to the community from facility-based care. A formal protocol could be developed to collect data in a note to file in Credible. The clinician would confirm date of discharge, and distinguish if the discharge is from a hospital or other residential facility.</p> <p>This information could be gathered by phone from previous provider or through examining documentation at first contact with client. We would then create a new data field in Credible note that allows a report to be run.</p>

<p>Measured separately for hospital and facility based services. Will be attributed to county of responsibility at discharge.</p>		
<p>e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential (Number of individuals returning to same or higher level of care within 30 and 180 days/total number of discharges.)</p> <p>(Measured separately for hospital and facility based services.)</p>	<p>-Pre-Auth to Hospital (admin-discharge) -Pre-Auth in Credible 12/1/11 -Add on to pre-auth form a readmission section Need to sort –re-admission vs. extension -Hospital or residential (MH-A&D)</p>	<p>NOT CURRENTLY COLLECTING HOSP/FACILITY READMISSION DATA. We propose to develop a new protocol.</p> <p>Pre-authorization is currently completed in Credible but we could add a field indicating this is a readmission.</p> <p>Note: After discharge (see d above), how # clients “readmitted” a)30/days b)180/days</p>
<p>f) Percent of participants in ITRS reunited with child in DHS custody</p>	<p>Do not have - discontinued due to no Mommy and Me Program at Unio (now Lifeways Recovery Center)</p>	<p>In the event that this service is reinstated at LRC, we recommend it be added to the Discharge Summary form. We request AMH technical assistance in order to clarify whether or not this is incentivized separately.</p>

**1) CURRENT DATA AVAILABLE
LMHA FUNCTIONAL OUTCOMES**

Performance Measure	Data Currently Available	Current Measures (If available)
<p>a) Percent of individuals who report the same or better housing status than 1 year ago. Establish that improved housing is a goal of treatment and/or that the person is homeless or in licensed base facility care.</p> <p>Number of clients who improved housing as indicated by a change from homelessness or licensed facility based care to private housing/total number of individuals looking to improve housing.</p>	<p>We collect through CMPS housing status but not same or better</p> <p>Related to CCO and how coordinating care and how we are integrated.</p>	<p>(NOTE: Collect via forms as status changes)</p> <p>a)# homeless collected via admission form (note: if client became homeless during tx, need process to update via Service Note form.</p> <p>b) improved since admission? Need answer on Service Note form?</p> <p>c) Total # looking to improve? Do not currently ask. Add ? to Service Note form? Will require a note in COMPASS that indicates housing improvement is a treatment goal.</p>
<p>b) Percent of individuals who report the same or better employment status than 1 year ago. Number of clients who become employed as indicated by a change in employment status/total number of individuals with a goal of becoming employed.</p> <p>Will require a note in COMPASS that indicates employment is a</p>	<p>We collect through CPMS employment status but not same or better</p>	<p>NOT CURRENTLY COLLECTING – Need to modify Treatment Plan (Service Plan) to collect “employment” as a treatment goal. (NOTE: Tx Plus may be required in Credible in the near future.)</p> <p>Also, how/where to record improvement (via Service Note?)</p>

treatment goal.		
<p>c) Percent of individuals who report the same or better school performance status than 1 year ago. Establish that improved school attendance is a goal.</p> <p>Number of clients who improve attendance while in active treatment/total number of individuals with a goal of improved attendance.</p>	We collect through CPMS school performance status but not same or better	<p>NOT CURRENTLY COLLECTING (Same as above)</p> <p>Will require a note in COMPASS that indicates improved attendance is a treatment goal.</p>
<p>d) Percent of individuals who report decrease in criminal justice involvement. # of individuals who were not arrested after a period of active treatment or two consecutive quarters (whichever comes first) /#of individuals who were referred to treatment from a criminal justice authority.</p>	We collect through CPMS criminal justice decrease involvement.	NOT CURRENTLY COLLECTING (Same as above)
<p>e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program. Based on a rolling three year share of county civil commitments and share of adult population.</p>	<p>Ask Tom what ADP is it average daily population?</p> <p>Requested</p> <p>-Rick Wilcox at the state level and GOBHI through AMHI</p>	<p>REQUIRE clarification from AMH on whether or not this is applicable to Lifeways, and if so, technical assistance to develop the collection mechanism.</p> <p>-We would then create a client status that identified client at the state hospital.</p>
<p>f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target # of people who exceed target LOS/ # of people placed on ready to discharge list of state hospitals.</p>	Rick Wilcox at the state level and GOBHI through AMHI	<p>REQUIRE clarification from AMH on whether or not this is applicable to Lifeways, and if so, technical assistance to develop the collection mechanism.</p> <p>We would then create a client status that identified client at the state hospital.</p>

Need to set target for LOS on ready to place list.		
g) Each LMHA will complete a minimum of 80% of approved prevention goals and objectives.	This data is currently reported in narrative format in the form of “Proposed Programs/activities, Outcomes, and Measures, and reported to AMH.	Require technical assistance from AMH for MH/A&D/Gambling prevention goals and objectives reporting in any other format.

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:

We are currently working with the Eastern Oregon CCO and new local and regional advisory committees to coordinate physical and behavioral health care for eligible members, and to develop the measures/outcomes that will document achievement of the Triple Aim of improving care, reducing care costs, and improving health care experience for clients and families.

As one of the first users of the Credible electronic health record in Oregon, we are committed to working with our Credible consultants and IT/administrative counterparts in other parts of the state to develop and share technical solutions that foster performance measurement. We will gladly share this information with AMH as it is developed and tested in the field.

PART IV: BUDGET INFORMATION

1) GENERAL BUDGET INFORMATION

a) PLANNED EXPENDITURES FOR SERVICES SUBJECT TO THE CONTRACT: Budget information includes planned use of all flexible funding included in the contract and planned use of beer and wine tax funds and funds specifically allocated for problem gambling services and prevention and substance abuse prevention.

See attached required budget template, **See Addendum 3.**

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.	\$2,508.47 per month average \$60,203.16 over 2 years.		
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.	\$53,000		
c) Use of funds allocated for alcohol and other drug use prevention.	\$505,000		

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION (OPTIONAL)

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

CCO related training and technical assistance to comply with new service mandates, system changes, and reporting requirements.

Co-occurring A/D (dually diagnosed co-occurring) treatment and Evidence Based Practices.

SPF-SIG – currently being trained on manual/Needs Assessment/planning process every few months by State (Stevie Burden)

CADCA Coalition Academy – this 3 week onsite training would be available if we are awarded DFC grant by SAMHSA, but would be very valuable even if not awarded in order to continue coalition development and capacity building.

DISCUSSION

As in previous Biennial Implementation Plans, Lifeways will not request changes in the allocation to the service elements. The Mental Health service elements do not cover the actual cost incurred in providing these services. Malheur County has the highest percentage of indigent clients in the State (28% vs. 14% statewide), but we are not funded accordingly. We urgently request increased funding to serve these individuals adequately.

We are developing and implementing Evidence Based Practices (EBPs) in the different service elements: Assertive Community Treatment, Supported Employment, Solution Focused Brief Therapy, Co-occurring Disorders Integrated Treatment, Dialectical Behavioral Therapy, as well as other best practices awaiting State approval.

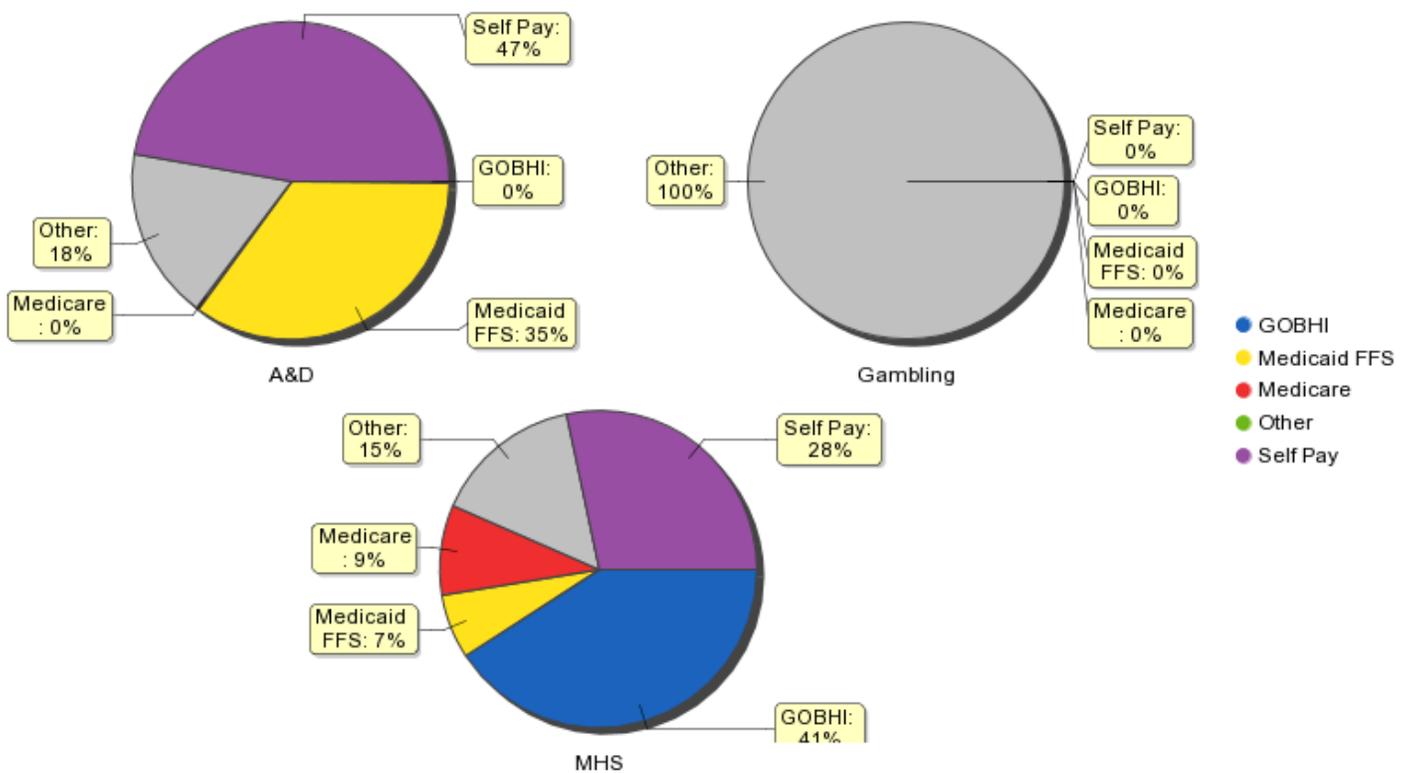
There is a critical need in Malheur County for MH 24 funding to better meet the Acute Care needs of indigent individuals. Counties in the Western part of the State receive MH 24 funding and are also able to develop high level Crisis Resolution Centers as a better alternative to expensive Acute Care units in the Hospitals. Increased MH 24 funding would also provide funding for the administration cost to adequately manage the Acute Care issues in Eastern Oregon, similar to other Counties in Oregon. Presently, there are not enough acute care beds available to meet the needs of individuals who reside in Eastern Oregon, including Malheur County.

ADDENDUMS

- **Addendum 1: Report on Individuals Served**
- **Addendum 2: Report on Timely Follow Up**
- **Addendum 3: Required Budget Template**
- **Addendum 4: Preliminary Focus Group Reports**

Addendum 1: Report on Individuals Served

Count Distinct: Client ID	Payer Type Grouping					Total
	Program	GOBHI	Medicaid FFS	Medicare	Other	
A&D	1	198	1	100	269	569
Gambling	0	0	0	10	0	10
MHS	745	121	167	278	516	1,827
Total	746	319	168	388	785	2,406



Addendum 2: (Preliminary) Report on Timely Follow Up

MALHEUR (7/1/11-6-30-12)

MHS Index - 467

MHS 14 days - 168

MHS 30 days - 195

SA Index - 119

SA 14 days - 78

SA 30 days - 91

Gambling Index – 6

Gambling 14 days – 6

Gambling 30 days – 6

Addendum 3: Required Budget Template

Local Mental Health Authority Biennial Implementation Plan (BIP) Planned Expenditures 2013 - 2015 (Based on historical allocation)								
Budget Period:		2013-2015						
Date Submitted:		2/21/2013						
Category (as defined in the CFAA)	Sub-Category	Population	AMH Flex Funding*	Local Beer and Wine Tax	County GF	Other	Total	Carry-over Amount
Behavioral Health Promotion and Prevention								
	Mental Health							
		Adults	\$13,475.62	\$0.00	\$0.00	\$0.00	\$13,475.62	\$0.00
		Children	\$8,983.74	\$0.00	\$0.00	\$0.00	\$8,983.74	\$0.00
	Alcohol and Other Drug							
		Adults	\$18,185.26	\$1,083.66	\$0.00	\$0.00	\$19,268.92	\$0.00
		Children	\$12,123.50	\$722.44	\$0.00	\$0.00	\$12,845.94	\$0.00
	Problem Gambling		\$6,363.84	\$0.00	\$0.00	\$0.00	\$6,363.84	\$0.00
Outreach (Early Identification and Screening, Assessment and Diagnosis)								
	Mental Health							
		Adults	\$53,902.48	\$0.00	\$0.00	\$0.00	\$53,902.48	\$0.00
		Children	\$35,934.98	\$0.00	\$0.00	\$0.00	\$35,934.98	\$0.00
	Alcohol and Other Drug							
		Adults	\$72,741.06	\$4,334.64	\$0.00	\$0.00	\$77,075.70	\$0.00
		Children	\$48,494.04	\$2,889.76	\$0.00	\$0.00	\$51,383.80	\$0.00
	Problem Gambling		\$25,455.34	\$0.00	\$0.00	\$0.00	\$25,455.34	\$0.00
Initiation and Engagement								
	Mental Health							
		Adults	\$13,475.62	\$0.00	\$0.00	\$0.00	\$13,475.62	\$0.00
		Children	\$8,983.74	\$0.00	\$0.00	\$0.00	\$8,983.74	\$0.00
	Alcohol and Other Drug							
		Adults	\$18,185.26	\$1,083.66	\$0.00	\$0.00	\$19,268.92	\$0.00
		Children	\$12,123.50	\$722.44	\$0.00	\$0.00	\$12,845.94	\$0.00
	Problem Gambling		\$6,363.84	\$0.00	\$0.00	\$0.00	\$6,363.84	\$0.00
Therapeutic Interventions (Community-based Outpatient, Crisis, Pre-Commitment, Acute Care, PSRB and JPSRB)								
	Mental Health							
		Adults	\$242,561.20	\$0.00	\$0.00	\$0.00	\$242,561.20	\$0.00
		Children	\$161,707.44	\$0.00	\$0.00	\$0.00	\$161,707.44	\$0.00
	Alcohol and Other Drug							
		Adults	\$327,334.80	\$20,589.52	\$0.00	\$0.00	\$347,924.32	\$0.00
		Children	\$218,223.20	\$13,726.35	\$0.00	\$0.00	\$231,949.55	\$0.00
	Problem Gambling		\$114,549.04	\$0.00	\$0.00	\$0.00	\$114,549.04	\$0.00
Continuity of Care and Recovery Management								
	Mental Health		\$97,323.92	\$0.00	\$0.00	\$0.00	\$97,323.92	\$0.00
	Alcohol and Other Drug		\$131,338.02	\$7,826.43	\$0.00	\$0.00	\$139,164.45	\$0.00
	Problem Gambling		\$27,576.62	\$0.00	\$0.00	\$0.00	\$27,576.62	\$0.00
Peer-Delivered Services			\$59,131.98	\$0.00	\$0.00	\$0.00	\$59,131.98	\$0.00
Administration			\$236,527.91	\$7,224.39	\$0.00	\$0.00	\$243,752.30	\$0.00
Other (Include Description)			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$1,971,065.95	\$60,203.29	\$0.00	\$0.00	\$2,031,269.24	\$0.00
*AMH Flex Funding includes State General Fund, State Beer and Wine Tax, Lottery Funds, SAPT Block Grant and Mental Health Block Grant								

Addendum 4: Preliminary Focus Group Reports



Preliminary Report: Focus Group 1 of 3 Biennial Implementation Plan

Date: February 4, 2013

Location: ESD, Vale, OR

Group: Local Public Safety Coordinating Council

Method: A powerpoint presentation on the St. Alphonsus Health System’s “Ontario Community Needs Assessment, July 20, 2011” supplemented by State of Oregon epidemiology data on behavioral health was made by Lifeways staff.
Focus Group facilitators led a short needs and priority session designed to elicit participants’ input on strengths related to the existing behavioral health system, and areas for improvement in same--see attached “BIP 2013-15 Focus Group Questions.”

Focus Group Results

Focus Group 1 had 21 total attendees, with representation from law enforcement, child welfare, community service agencies, and 4 Lifeways clinical and administrative staff. See sign-in sheet attached.

Identified Strengths/Needs Being Met

Strength	Priority Score	Rank
Interagency Collaboration	57	1
Boys & Girls Club of Western Treasure Valley	25	2
Harvest House (homeless/runaway program)	24	3
Creation of the Youth Success Coalition	23	4
Community Engagement (by Lifeways)	20	5 (tie)
Food Bank and Food Pantry	20	5 (tie)
Treasure Valley Relief Nursery	20	5 (tie)
Law Enforcement Partnerships are positive	18	8
Wide variety of treatment/continuum of behavioral health services	15	9
Be the Change / Challenge Day	4	10
Hands Around the Park (community recovery event)	3	11
Prom Perfect	2	12

Analysis of Strengths: Pending completion of full set of 3 focus groups

Identified Areas of Improvement

Area of Improvement/Unmet Needs	Priority Score	Rank
Crisis Response / Mental Health Holds (process)	72	1
Detox Facility –Sobering Station	69	2
Living Wage-Job Support	37	3
Mental Health Service for Homeless	34	4
Youth Inpatient facility	22	5
Affordable Child Care	14	6
Availability of Affordable Housing	12	7
Interstate compact	7	8
Crisis Resources (availability or lack of resources in rural areas)	4	9
Timely Involuntary Treatment	1	10
Services for Families in Malheur County, i.e., A& D treatment	0	None
Increase in population of homeless individuals	0	None
Media Partnerships	0	None
Information about available resources	0	None

Analysis of Areas of Improvement: Pending completion of full set of 3 focus groups.

Focus Group 1: Sign-In Sheet (see attached)

LPSCC

February 4, 2013

NAME	ORGANIZATION	CONTACT INFO (EMAIL/PHONE)	SIGN-IN SIGNATURE
Neelam Tschida	Lifeway		
Mark Stryker	Lifeways		
Jan Marie	St. Matthew's Episcopal		
Smart Silvia	Lifeway		
Brian Barrow	City of Miss		
Brian Wolfe	Sheriff's Office		
Don Herge	County		
Alex Pillay	Mad ESD		
Margela Anthony	Lifeway		
Jan Barton	Circuit Court		
Pat Sells	Circuit Court		
Mark Donnan	OSP		
Mark Alexander	Ontario PD		
Ray Miller	Attorney		
Tim Kus H	Lifeway Recovery Centre		
Christine Phillips	DHS		
Dee Kennedy	Heart Box Mission		
Jan Oll	Heart Box Mission		
Debbie Host	MCSO		

Dan Norris
Amy Zou

MCDA
NYSAA
PD

RPAU@NYSAA.CITY.
ORG



Preliminary Report: Focus Group 2 of 3
Biennial Implementation Plan

Date: February 11, 2013

Location: Ontario High School, Ontario OR

Group: Drug Free Communities Coalition

Method: The powerpoint presentation incorporating the St. Alphonsus Health System’s “Ontario Community Needs Assessment, July 20, 2011” and supplemental behavioral health data was alluded to but not presented. This group has extensive experience in preparing and reviewing community needs assessment data, including preparation of the Strategic Prevention Framework State Incentive Grant (SPF SIG) for Malheur County.

Focus Group facilitators led a short needs and priority session designed to elicit participants’ input on strengths related to the existing behavioral health system, and areas for improvement in same--see attached “BIP 2013-15 Focus Group Questions.”

Focus Group Results

Focus Group 2 had 4 total attendees, with representation from the Boys and Girls Club of the Western Treasure Valley, Commission on Children and Families, Malheur County Juvenile Dept., and Community in Action- a local CBO.

Identified Strengths/Needs Being Met

Strength	Priority Score	Rank
Boys and Girls Club –safe and healthy, whole-hearted youth	16	1
Demonstrated cooperation between agencies; resource sharing	10	2
Crossing over between many agencies	9	3
Strong faith-based community outreach to persons in crisis, and those struggling with addictions	7	4/5 tie
Common regional vision for community vitality	7	4/5 tie
Structured meetings of the Drug Free Communities Coalition for 3 yrs	5	6
Small communities can have advantages, e.g. wrap around our kids, support to pass recent school bond	3	7
Cultural diversity of the community	2	8
Business community understands economic impact of poor health	1	9
Involvement of Treasure Valley Community College in education for underage drinking	0	none
Law enforcement support for community initiatives & policies, e.g. Spice ordinance	0	none

Analysis of Strengths: Pending completion of full set of 3 focus groups

Identified Areas of Improvement

Area of Improvement/Unmet Needs	Priority Score	Rank
Healthy, positive activities for all ages	17	1
Lack of adequate funding, planning for extra costs for rural services	16	2
Need to increase representative leadership from diverse groups (age, ethnicity, socioeconomic status)	9	3
Low expectation level for youth to achieve career goals in professional jobs	7	4/5 tie
Cultural norms that endorse family/rural alcohol & drug (tobacco) use	7	4/5 tie
Visibility & communication of results of effective programs due to rurality	3	6
Policies sometimes die a quick death, even though they are needed, because the process for enforcement is not well thought out	1	7
Family recreation center	0	None
Abuse of marijuana and family norms	0	None

Analysis of Areas of Improvement: Pending completion of full set of 3 focus groups.



Preliminary Report: Focus Group 3 of 3 Biennial Implementation Plan

Date: February 21, 2013

Location: Saint Alphonsus Medical Center, Ontario OR

Group: LADPC/MHAC

Method: The powerpoint presentation incorporating the St. Alphonsus Health System’s “Ontario Community Needs Assessment, July 20, 2011” and supplemental State of Oregon epidemiology data on behavioral health was made by Lifeways staff.

Focus Group facilitators led a short needs and priority session designed to elicit participants’ input on strengths related to the existing behavioral health system, and areas for improvement in same--see attached “BIP 2013-15 Focus Group Questions.”

Focus Group Results

Focus Group 3 had 15 total attendees, with representation from the appointed members of the Local Alcohol and Drug Planning Committee (LADPC) and Mental Health Advisory Council.

Identified Strengths/Needs Being Met

Strength	Priority Score	Rank
Leaders and members of the community make it happen regardless of funding (line item) allocations	26	1
Drug Free Communities Coalition	23	2
Boys & Girls Club of W. Treasure Valley, Harvest House, TVRN, Community Court, SAFE Court	19	3
Interagency Collaboration	18	4
Residential A&D treatment facility	13	5/6
Creative use of funding and resources and supports	13	5/6
Be the Change-Anti-Bullying program	11	7
Recovery Community – A/D and MH	10	8/9
Snake River Economic Development & Legislator focus on attracting industry & businesses	10	8/9
“Nimbleness” of rural agencies due to relationships between agencies	9	10/11/12
Local Business support of Social Services	9	10/11/12
Placement options for adults & children – foster and treatment	9	10/11/12
Juvenile Drug Court	7	13
Greater embrace of technology to overcome geographic barriers	4	14/15
Treasure Valley Community College	4	14/15
Media Relationships & Involvement	3	16/17

Progressive Care Coordination initiatives in the State	3	16/17
STAR Center	2	18
Improved Collaboration with Schools	1	19/20
Faith Community support, e.g. mentoring, Giggles & Grace Early Learning Center	1	19/20
Malheur County Traffic Safety Committee (credit for reduction in deaths)	0	None
Cutting edge on adoption of coordinated care act	0	None
Focus on health care integration in our community	0	None
Malheur ESD as a resource for ages 0-20	0	None
Cultural Diversity and community pride about this	0	None

Analysis of Strengths: Pending completion of full set of 3 focus groups

Identified Areas of Improvement

Area of Improvement/Unmet Needs	Priority Score	Rank
Mental health hold room	38	1
Adolescent A & D residential treatment	25	2
“Tweeners” services/resources, i.e., Borderline IQ, seniors with dementia, dually diagnosed (MH & A/D), traumatic brain injury	21	3
Continued focus on prevention and use of funds at this level of intervention	18	4
Mental health crisis response	16	5
Sobering room (detox)	14	6
Family unit strengthening through healthy cultural norms	11	7
Affordable, positive youth development programs in sports, arts, music, for late elementary through high school age	10	8
Juvenile drug use	9	9/10/11
Graduation rate	9	9/10/11
Healthy local economy to avoid downstream effects	9	9/10/11
Marijuana – border issue	8	12
Teen pregnancy prevention	4	13
Relationships (competitive) between healthcare providers and how that affects community members	3	14
Border issues-interstate compact & influx of certain problems	2	15
Gang activity	1	16/17
Affordable housing/ Community In Action	1	16/17
Need to decrease administrative burden, e.g. meetings, plans, resources	0	None
Budget shortfalls	0	None
Collaboration & coordination of care for state, local correctional programs	0	None
Access to and use of more technology tools to overcome geographic obstacles, e.g. telemedicine	0	None

Analysis of Areas of Improvement: Pending completion of full set of 3 focus groups.

Focus Group 3: Sign-In Sheet (see attached)

LADPC Meeting

St. Alphonsus Medical Center, Ontario

Thursday February 21, 2013

11:30am-1:00pm

Sign-in Sheet

Print Name		Email Address
Kenneth Rush	Lifeways	krush@lifeways.org
Debbie Hunt	MCSO	dhunt@matheurco.org
Ray Miller	Lifeways	rmiller@lifeways.org
Rick George	Lifeways	rgeorge@lifeways.org
Sandra Skelton	Lifeways	sskelton@lifeways.org
Dennis Banham	Lifeways	dbanham@lifeways.org
John Tenck	Lifeways	jtenck@lifeways.org
Christina Crysler	Lifeways	ccrysler@lifeways.org
Linda Cummings	JUVENILE DEPT	Linda.Cummings@matheurco.org
Jesse Sandwal	Lifeways	jsandwal@yahoo.com
Megan Lee Gomez	Lifeways CSS	mgomez@lifeways.org
Judy A. Cordeiro	Lifeways CEO	jcordeiro@lifeways.org
Rick George	Lifeways Dir. Beh. Hlth	rgeorge@lifeways.org
Wendy Hill	DHS	Wendy.hill@state.or.us
Mark Alexander	Ontario PD	markalexander@ontario.ca
Brian Wolfe	Matheur Sheriff	bwolfe@matheurco.org
Christine Phillips	DHS Public Welfare	christine-phillips@state.org

BIP 2013-15 Focus Group Questions

- 1. In light of the information you have heard today, and what you know about this community, what do you consider to be the strengths of the behavioral health system?**

Example: Malheur Co. Drug Free Communities Coalition has been operational for 3 years.

[Identified strengths are recorded on poster sheets and placed on wall]

- 2. Of the behavioral health needs in this community, which do you think are still largely unmet? That is, what would you consider to be areas of improvement for the behavioral health system?**

Example: Need more community outreach on Problem Gambling, especially for Hispanics.

[Identified areas of improvement are recorded on poster sheets and placed on wall]

- 3. Now, we would like to conduct a brief exercise to do some simple priority-setting. First, you will prioritize system strengths, to indicate those which you think should remain an ongoing priority for behavioral health services.**

- Each focus group participant is given 5 colored dots, each assigned a value, i.e.
Red = 5 points (highest priority)
Yellow = 4 points
White = 3 points
Green = 2 points
Blue = 1 point (lowest priority)*
- Participants are given 5 minutes to get up and place each of their dots next to the strengths they individually see as their priorities.*
- The points will be tabulated for each strength, and then reviewed for comment with the group for affirmation and consensus.*

- 4. Now we would like to repeat this priority setting exercise for the unmet needs/areas for improvement.**



*Mental Health Counseling Service
702 Sunset Drive, Ontario, Oregon 97914
Telephone: (541) 889-9167*

April 19, 2013

LuAnnMeulink (by electronic transmission to luann.e.meulink@state.or.us)
Addictions and Mental Health Division
Oregon Health Authority
500 Summer Street NE
Salem, OR 97301

Dear Ms. Meulink,

Per your memo dated April 4th, 2013, regarding the review of Malheur Lifeways Biennial Implementation Plan, I am providing you with this additional information for your consideration before final review of the 2013-2015 plan is completed. Two areas for improvement of the plan were noted and our response to those are below.

- Maintenance of effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.

In accordance with ORS 430.345 to 430.380, Lifeways shall maintain its 2013-15 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for 2011-13 unless Lifeways requests a waiver of all or part of the financial contribution from OHA, Addictions and Mental Health Division.

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

Initially, performance measurement for LMHA functional outcomes will require slight modifications and additions to existing data gathered in the normal course of clinical documentation and intake procedures. This can be accomplished by the addition of data fields noted in selected functional outcomes outlined in part three of this report. These reportable and/or measurable outcome fields would be maintained in the client electronic health record (EHR). All Lifeways staff will be trained at point of hire (with annual updates) on the data collection forms and procedures in order to ensure quality of initial data entry and consistency across individual staff members. Internally, a forms committee responsible for the integration of clinical and demographic information gathered across diverse clinical and administrative business processes and activities will identify areas in existing documentation and process to collect this data.

Tandem to this process, methodology for measuring performance in each of these functional outcome areas will be presented to the information systems user support specialist responsible for publishing periodic reports for internal review. Reports on status will be produced for review by the internal Quality Improvement Committee on a quarterly basis. This committee of stakeholders, staff, and consumers will be asked to review progress toward measures as well as work with departments of the agency to develop recommendations for expanded services. These performance measures and recommendations will be communicated by the Behavioral Health Services Director to the executive team to be evaluated for fiscal viability as well as best practice considerations.

External accountability for progress toward performance measures will be ensured through reporting and feedback from external stakeholder committees, such as the Local Alcohol and Drug Planning Committee (LADPC) and Mental Health Advisory Board (MHAB) which serve in an advisory capacity by statute to the local county commissioners on matters of public concern, including service recommendations; relating to alcohol, drug, gambling, and mental health prevention and treatment services in Malheur County. The Local Community Advisory Council (LCAC) for the Eastern Oregon Coordinated Care Organization (EOCCO) will also be apprized of the changes in behavioral health-specific outcome attainment progress.

Functional outcome performance measure goals will be set on an annual basis by the Lifeways board of directors with guidance from the behavioral health director and the deputy director. It would be ideal if these performance measures were consistent for the purposes of monitoring and reporting to the CCO as well as for biennial reporting to AMH.

Thank you for opportunity to submit additional documentation to support out original submission. Please forward any questions or comments to me. I can be reached at 541-889-9167, or by email to jcordeniz@lifeways.org.

Sincerely,



Judy A. Cordeniz, MHA, FACHE
Chief Executive Officer
Lifeways, Inc.

Addictions and Mental Health Division
March 7, 2014

Biennial Implementation Plan Amendment Template

CMHP: Lifeways, Inc. Malheur

Program: Jail Diversion

Budget Item	Jan. 1, 2014 – Jun. 30, 2014	July 1, 2014 – Jun. 30, 2015
Personnel <i>(including FTEs and benefits)</i>	\$42,772	\$85,544
Travel	\$0	\$0
Equipment	\$0	\$0
Supplies	\$250	\$250
Consultants/Contracts	\$3,000	\$0
Other Costs: (please list)		
State Law Enforcement Training	\$0	\$7500
Meeting Expenses	\$800	\$1,000
Administrative Costs @ 0.12	\$5,619	\$11,315
Totals	\$52,441	\$105,609
Overall Project Cost	\$35,365	\$70,729
Revenue – SE 37 Identify expected revenues; i.e., Medicaid billing/encounters)	\$6,793	\$13,585
In-Kind from Lifeways	\$10,283	\$21,295
Number of individuals Intended to be Served	ACT 6	19
	Dual Diagnosis 10	15
	Psychopharmacology 10	26
	CBT 10	35
	MI 15	35
	Forensic Peer Support 5	15

Budget Narrative:

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

Line Item Narrative

PERSONNEL

0.2 FTE QMHP to provide clinical and administrative oversight of the project and grant deliverables in Malheur County.

1.0 FTE **QMHP for Malheur** to provide additional clinical support to the CMHP for the expansion of ACT, CBT, dual diagnosis services, jail in-reach, and motivational interviewing for justice-involved individuals as identified in the Comprehensive Jail Diversion Plan. *Please note that Lifeways budgeted for a QMHA but has determined it best to elevate this position to a QMHP level due the needs in our community and to ensure law enforcement has a more comprehensive mental health function at the point of contact.*

0.50 FTE **Forensic Peer Support** position for **Malheur** to provide role model, navigation, coaching, community service linkage, and advocacy/support services to promote community-based recovery for people with serious mental illness and criminal justice system involvement.

BENEFITS

Effective benefit rate for the three types of positions is 37%.

SERVICES AND SUPPLIES

Planning Consultant for a 4 to 6 month contract at total of \$3,000 to coordinate planning in Malheur County, following the Sequential Intercept model. Will work with staff and stakeholders to coordinate planning sessions and build consensus for a Comprehensive Jail Diversion Plan that includes strategies for assessing, piloting, and implementing EBPs and interventions for justice-involved individuals in the region.

Staff and law enforcement training at \$7,500 to cover Crisis Intervention Training, sequential intercept model training, and training for new forms and data collection.

Meeting expenses at \$1,800 for community meetings, planning sessions, and focus groups in Malheur County.

Program Office Supplies at \$250 each period for standard supplies, i.e., paper, folders, pens, etc.

ADMINISTRATION

Administration cost calculated at 12% of total Personnel Expense and Supplies, covers fiscal and program management and reporting.

Description of Program

This BIP Amendment describes the Malheur County portion of a two-county regional project for the Community Mental Health Programs (CMHPs) in the **Frontier/Rural Eastern Oregon Network (F/REON)**. We propose to partner with regional law enforcement agencies and other local stakeholders in the counties of Malheur and Umatilla in order to expand jail diversion services for individuals with serious and persistent mental illness. Through a collaborative and community-based regional planning process based on the *sequential intercept model* as promoted by the CMHS National GAINS Center, the Network partners will identify and implement a preliminary set of pre-booking jail diversion **outreach** services and jail **in reach** services that are culturally specific and suited for these low-resource frontier/rural communities.

The mental health authorities for these Eastern Oregon counties are uniquely suited to coordinate this effort to provide a comprehensive range of mental health, community support, and peer-based services, designed to:

- 1) increase the number of individuals in the two counties served by jail diversion programming;
- 2) decrease the number of individuals in the two counties enrolled in mental health services who have law enforcement involvement.

Following the “Checklist for Implementing Evidence-based Practices and Programs” published by the GAINS Center, this project will construct the regional scaffolding to examine, plan for, and collaboratively implement the use of the following evidence-based programs, as these have been adapted for justice-involved adults with behavioral health disorders:

- Assertive community treatment (ACT)
- Integrated mental health and substance abuse services
- Supported employment
- Psychopharmacology.

Evidence-based practices adapted for justice-involved adults that will be considered for collaborative implementation include:

- Cognitive behavioral therapy
- Motivational interviewing.

Promising practices that will be considered for collaborative implementation include:

- Forensic peer specialists. This service would be completely new to the region.

The *sequential intercept model* will be utilized by the F/REON partners to select the most feasible evidence-based practices and programs, identify efficacious points in the local interface between the criminal justice and mental health systems for initial project interventions, and to structure future programs, interventions, and collaborations in a sustainable manner.

Proposed staffing for the project includes: 1.0 FTE QMHAs, one for each County, to provide additional clinical support for the expansion of the project EBP's, and 1.0 FTE Forensic Peer Support specialists, at 0.50 FTE for each County. These staff will be provided oversight by a 0.20 FTE QMHP in each county. A planning consultant will also be engaged to coordinate planning following the sequential intercept model.

Evidence based treatment is employed in both counties in the region, including Motivational Interviewing and Enhancement, Illness Management, Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Co-occurring Disorder Treatment, Peer Delivered Services, Assertive Community Treatment, Moral Reconciliation Therapy, EMDR, and Seeking Safety. Supported Employment is offered in Malheur and in the process of development in Umatilla, along with other recovery oriented services.

The SE 37 funds currently received by the two counties are factored into the proposed Jail Diversion project. The two respective CMHPs will coordinate with their respective county officials to ensure that Jail Diversion funds are expended in support of the project outlined in this amendment.

Project Timeline

For the 18-month project period, we propose a staged process based on:

- a 4-6 month regional Planning phase utilizing the sequential intercept model; followed by
- a six month Pilot phase to establish and integrate the selected EBP's; and then
- a six-eight month full Implementation and course-correction Evaluation phase.

Community planning based on the *sequential intercept model* will be the focus of Phase 1, Months 1-6, during which the proposed staff and Regional Network Committee will examine existing pre-booking, jail in-reach, peer support, and evidence-based practices along with resources and community preferences. As a starting point, the project will examine the suitability of the evidence-based programs and practices listed in section 1 above, and the issues that might be involved in standardizing practices across the region, including data forms, referral processes, and tracking of outcomes.

During Phase 2, Months 7-12, new training regarding these programs and practices will be implemented on a regional basis, with emphasis on adapting the practices for justice-involved individuals in rural settings. Any new interventions or services such as forensic peer support specialist would be piloted during the six-month period for initial assessment of efficacy, and the capacity of the regional partners to conduct full implementation with fidelity and sustainability.

For Phase 3, Months 13-18, the project would engage in full implementation of a regionally selected set of core EBP's and coordination of regional resource sharing strategies, and begin to assess client level outcomes.

a. *Pre-Booking Diversion Outreach Services:* existing crisis mental health services, case management, alcohol and drug treatment, job training, and screening services will be examined for their suitability for expansion or adaptation to ensure efficacy with justice-involved clients. Intercept points across the regional partnership will be plotted and resources identified for expansion or redeployment,

b. *Forensic Peer Support Specialist–Criminal Justice Liaison:* This would be new to the region, but could be built on existing experience of the network partners with peer support programs in the Mental Health Court in Malheur. AMH certification would be obtained for 2.0 FTE Forensic Peer Support Specialists, one for each County.

c. *Jail In-Reach Services:* are currently being conducted in the region, but with no standardized schedule, process, procedures, or data tracking.

PROPOSED MONTHLY OPERATING BUDGET

Provider: Lifeways
 Facility/Project: Jail Diversion (18 Month Budget)
 County: Malheur
 Date: 1/29/2014

OPERATING REVENUE						
Description				Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
Services						
SE 37		\$ -		\$ 6,793.00	\$ 13,585	\$ 20,378
Jail Diversion Grant		\$ -		\$ 35,365	\$ 70,729	\$ 106,094
Subtotal			\$ -	\$ 42,158	\$ 84,314	\$ 126,472
Other Revenue				\$ -		\$ -
			\$ -	\$ -		\$ -
TOTAL OPERATING REVENUE				\$ 42,158	\$ 84,314	\$ 126,471.50
OPERATING EXPENSES PERSONNEL						
Personnel	FTE	Salary/YR	Yearly	Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
QMHA	1	\$ 33,150.00	\$ 33,150.00	\$ 16,575.00	\$ 33,150.00	\$ 49,725.00
Forensic Peer Support	0.5	\$ 23,400.00	\$ 11,700.00	\$ 5,850.00	\$ 11,700.00	\$ 17,550.00
QMHP	0.2	\$ 46,800.00	\$ 9,360.00	\$ 4,680.00	\$ 9,360.00	\$ 14,040.00
			\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
Subtotal	1.70		\$ 54,210.00	\$ 27,105.00	\$ 54,210.00	\$ 81,315.00
Other Non Direct Staff			\$ -	\$ -		\$ -
		\$ -	\$ -	\$ -		\$ -
			\$ -	\$ -		\$ -
Other:			\$ -	\$ -		\$ -
Total Personnel Expense			\$ 54,210.00	\$ 27,105.00	\$ 54,210.00	\$ 81,315.00
OPERATING EXPENSES BENEFITS						
Benefits	FTE	OPE Benefits	Yearly	Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
QMHA	1.00	\$ 21,576	\$ 21,576	\$ 10,788	\$ 21,576	\$ 32,363
Forensic Peer Support	0.50	\$ 10,134	\$ 5,067	\$ 2,534	\$ 5,067	\$ 7,601
QMHP	0.20	\$ 23,457	\$ 4,691	\$ 2,346	\$ 4,691	\$ 7,037
			\$ -	\$ -		\$ -
Sub Total OPE Expenses			\$ 31,334	\$ 15,667	\$ 31,334	\$ 47,001
			\$ -	\$ -		\$ -
Total Employee Cost			\$ -	\$ -	\$ -	\$ -
QMHA	1.00		\$ 54,726	\$ 27,363	\$ 54,726	\$ 82,088
Forensic Peer Support	0.50		\$ 16,767	\$ 8,384	\$ 16,767	\$ 25,151
QMHP	0.20		\$ 14,051	\$ 7,026	\$ 14,051	\$ 21,077
			\$ -	\$ -		\$ -
Total Employee Cost Plus OPE		\$ -	\$ 85,544	\$ 42,772	\$ 85,544	\$ 128,316
			\$ -	\$ -		\$ -
Services & Supplies				Jan 1 - June 30 2014	Jun 2014 - July 2015	Total / 18 Mths
Planning Consultant	1	\$ 3,000	\$ 3,000	\$ 3,000	\$ -	\$ 3,000
Law Enforcement Training	1	\$ 7,500	\$ 7,500	\$ -	\$ 7,500	\$ 7,500
Meeting Expenses	1	\$ 1,800	\$ 1,800	\$ 800	\$ 1,000	\$ 1,800
Program Office Supplies	1	\$ 500	\$ 500	\$ 250	\$ 250	\$ 500
Medical Supplies				\$ -		\$ -
Other:				\$ -		\$ -
Other:				\$ -		\$ -
Other:				\$ -		\$ -
Subtotal Expenses			\$ 12,800	\$ 4,050	\$ 8,750	\$ 12,800
			\$ -	\$ -		\$ -
Total Personnel Expense and Supplies			\$ 98,344	\$ 46,822	\$ 94,294	\$ 141,116
+ Admin. Costs	0.12		\$ 11,801	\$ 5,619	\$ 11,315	\$ 16,934
TOTAL OPERATING EXPENSES			\$ 110,145	\$ 52,441	\$ 105,609	\$ 158,050
			\$ -	\$ -		\$ -
TOTAL OPERATING REVENUE				\$ 42,158	\$ 84,314	\$ 126,472
IN KIND				\$ 10,283	\$ 21,295	\$ 31,578