

**CMHP Biennial Implementation Plan (BIP)
2013 - 2015
Frequently Asked Questions (FAQs)**

1. What is the definition of maintenance/recovery support as it is intended in the BIP guidance?

Answer: Maintenance/recovery support means all services and supports intended to assist the individual in sustaining long term recovery and other outcomes of treatment.

2. What specific information are you looking for pertaining to “behavioral health equity in service delivery?”

Answer: The requirement is to address the disparate access among cultural minorities, as well as the delivery of culturally competent services, in behavioral health care only.

3. When will CMHPs be receiving the performance measures and baseline data from AMH? Does AMH have specific Metrics or current measures that can be accessed by the county?

Answer: The data pertaining to performance measures will not be available until the CMHPs are developing BIPs for the 15-17 biennium. This is data AMH will collect through the OWITS system and will make available to counties, so that they can examine their own baselines and set targets.

4. What should be the target length of the plan? How much detail will be expected? How much is too much? Will there be a sample format available?

Answer: There is not a specified length and there is not a sample format, although as drafts come to us, we can post them on the website with permission of the county submitting the draft. Also, we will offer a monthly conference call open to counties so that they can share information about what they are doing.

5. Are the “planned expenditures” the list of mandated services currently listed in the County Financial Assistance Agreement (CFAA) or tied to funds with the block grant or lottery funds, or a different list based on the community needs assessment?

Answer: Budget information includes planned use of all flexible funding included in the County Financial Assistance Agreement. The budget table in the guidelines indicates the areas within the Flexible Funding.

6. What is the definition of “Meaningful Peer and Family Involvement?”

Answer: Families, children (as they are able), young adults and peers have a primary decision making role in the treatment of mental health and substance use disorders of their own children or themselves as well as the policies and procedures governing care in their community, state, tribe, territory or nation. This includes choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote mental health and well being.

7. What happens if the planned expenditures change over a biennium, will there be a plan amendment required or will the plan stand until the next biennium plan is completed?

Answer: A budget amendment showing the changes will be required.

8. Is there a plan to have conference calls or any other statewide technical assistance on a regular basis or do we just contact you when we need something?

Answer: The BIP guide is always available for contact during the project, however, we have scheduled monthly conference calls to begin in December. They will occur on the second Thursday of each month. Reminders with call-in information will be sent each month.

9. What is the “option to defer the needs assessment sections” referred to in the Memorandum dated 1/11/13?

Answer: CMHPs have the option to defer Part One, Sections 2 and 3 of the BIP requirements to July 31, 2013. This will allow alignment with CCO needs assessments to the greatest degree possible for the 2013-2015 biennium. All other required information is due on March 1, 2013. Those LMHAs who exercise this option must also submit any applicable updates to the information submitted on March 1, 2013 no later than July 26, 2013. The full Memorandum can be located found <http://www.oregon.gov/oha/amh/pages/data/cc-plans/main.aspx>

10. In Part Two, “Performance Measures,” are the columns for “current data available” and “current measures” required?

Answer: These columns are only required if the CMHP has data currently available that pertains to the specific performance measure. If there is no data available, the column can be left blank. The required information related to the performance measures is located at the end of the section and includes identifying a plan, or strategies, to address the measures in service planning and delivery.

11. How should the budget portion of the BIP (Part Three) be structured?

Answer: AMH has provided a budget template. To receive a copy, please contact the Project Manager listed below, or go to the link on the BIP webpage located at <http://www.oregon.gov/oha/amh/pages/data/cc-plans/main.aspx>

12. Can we attach our Prevention Logic Model to the BIP and will that be sufficient for the prevention components?

Answer: Yes, you can. Please make sure all the elements of prevention are addressed including: Gambling Prevention, Substance Abuse Prevention, Suicide Prevention, Mental Health Promotion and Mental Health Illness Prevention.

13. Do we enter Gambling Prevention Data into MDS?

Answer: No, you do not have to enter Gambling Prevention Data in MDS.

14. When is the Prevention section of the BIP due?

Answer: March 1, 2013. The BIP Guidelines originally sent out to CMHP Directors in August 2012 contained the prevention sections.

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