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

Biennial Implementation Plan Guidelines

2013-2015

AMH developed the following guidelines in consultation with key county representatives and stakeholder advisory groups. The guidelines are designed to keep counties and AMH in compliance with statutes, block grants and other federal requirements. While flexible funding gives each county the freedom to spend local resources in the way that will best achieve health outcomes in its community, the biennial implementation plans will show how counties will meet those outcomes. To support success, AMH will provide resources and technical assistance to help develop plans that will meet each community's needs.

General Guidelines:

- Local Mental Health Authorities (LMHAs) will use information from their community needs assessment (Section 2) to describe the overall system, strengths and areas for improvement in the system, and a budget plan for the biennium.
- This information will be submitted in the form of a Biennial Implementation Plan (BIP) to AMH by March 1, 2013.
- AMH is available to provide technical assistance in the development of the BIP.
- AMH will conduct a review and approval process upon receipt of the plans.
- General review criteria can be found following each section, to help clarify the required information.
- AMH will notify each LMHA of any areas needing additional information, and when plans have been approved.
- Plans requiring additional information must be completed and approved prior to the effective date of the contract for the 2013-2015 biennium.

Part I: System Narrative:

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

1. System Overview
<p>a) Provide an overview of the County’s current addictions and mental health services and supports system, including:</p> <ul style="list-style-type: none">• Mental Health Promotion• Mental Illness, Substance Abuse and Problem Gambling Prevention• Early intervention• Treatment and recovery• Crisis and respite services• Services available to required populations and specialty populations• Activities that support individuals in directing their treatment services and supports
<p>Review Criteria:</p> <ul style="list-style-type: none">• Plan addresses each area.• Specific services and supports are described.• Plan prioritizes populations and addresses specialty populations, giving specific examples.• Plan incorporates the Strategic Prevention Framework to guide local prevention planning and program

implementation.

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

Review Criteria:

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

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

Review Criteria:

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

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

Review Criteria:

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

2. Community Needs Assessment

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

Review Criteria:

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

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

Review Criteria:

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

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

Review Criteria:

- **What groups did feedback come from?**

- How is the feedback obtained?
- How is the feedback used?

3. Strengths and Areas for Improvement:

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

Review Criteria:

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

Area	Strength or Area for Improvement	Plan to Maintain Strength or Address Areas Needing Improvement
a) Mental Health Promotion		
b) Mental Illness Prevention		

c) Substance Abuse Prevention		
d) Problem Gambling Prevention		
e) Suicide Prevention		
f) Treatment: <ul style="list-style-type: none"> • Mental Health • Addictions • Problem Gambling 		
g) Maintenance/Recovery Support (Include specifics pertaining to mental health, addictions and problem gambling treatment)		
h) The LMHA's Quality Improvement process and procedure		
i) Service coordination and collaboration with corrections,		

social services, housing, education, employment and other community service agencies		
j) Behavioral health equity in service delivery		
k) Meaningful peer and family involvement in service delivery and system development		
l) Trauma-informed service delivery		
m) Stigma reduction		
n) Peer-delivered services, drop-in centers and paid peer support		
o) Crisis and Respite Services		

Part II: Performance Measures

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

1) Current Data Available		
Performance Measure	Data Currently Available	Current Measures (If available)
a) Access/Number of individuals served		
b) Initiation of treatment services – Timely follow up after assessments		
c) Treatment service engagement – Minimum frequency of contact within 30 days of initiation		

d) Facility-based care follow up - % of individuals with follow up visit within 7 days after (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		
e) Readmission rates 30 and 180 day: (1) Hospitalization for mental illness; or (2) any facility-based service defined as residential		
f) Percent of participants in ITRS reunited with child in DHS custody		
a) Percent of individuals who report the same or better housing status than 1 year ago.		
b) Percent of individuals who		

report the same or better employment status than 1 year ago.		
c) Percent of individuals who report the same or better school performance status than 1 year ago.		
d) Percent of individuals who report decrease in criminal justice involvement.		
e) Stay at or below a target ADP of individuals for which the county is responsible in the state hospital psychiatric recovery program.		
f) Maintain an average length of stay on the OSH ready to transition list at or below a pre-determined target		
g) Each LMHA will complete		

a minimum of 80% of approved prevention goals and objectives.		
2) Plans to Incorporate Performance Measures		
a) Describe the LMHA plan to actively incorporate the performance measures into planning, development and administration of services and supports:		

Part III: Budget Information

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

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

Review Criteria: <ul style="list-style-type: none"> • Allocation matches goals for increased performance in areas needing improvement. • Allocation reflects community needs assessment. 			
2) Special Funding Allocation			
Area	Allocation/Comments	Review	
		Yes	No
a) Maintenance of Effort attestation for Beer and Wine Tax funding of addictions prevention and treatment services.			
b) Use of lottery funds allocated for Problem Gambling prevention and treatment.			
c) Use of funds allocated for alcohol and other drug use prevention.			

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

Definitions:

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

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

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

“Mental Health Promotion” means efforts to enhance individuals’ ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion

and to strengthen their ability to cope with adversity. There can be overlap between promotion and prevention efforts, depending on the population served and the target of the prevention activity.

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

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

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

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

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

- Adolescents with substance use and/or mental health disorders
- Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not

limited to addiction, conduct disorder and depression

- Military personnel (active, guard, reserve and veteran) and their families
- American Indians/Alaskan Natives
- Persons with mental health and/or substance use disorders who are homeless or involved in the criminal or juvenile justice system
- Persons with mental health and/or substance use disorders who live in rural areas
- Underserved racial and ethnic minority and Lesbian, Gay, Bi-sexual Transgender or Questioning (LGBTQ) populations
- Persons with disabilities
- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines for enforcement
- Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and “late” adopters of prevention strategies

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