OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES
November 6, 2003

2005-2007 COUNTY IMPLEMENTATION PLAN GUIDELINES

Under ORS 430.630 and 430.640, the Office of Mental Health and Addiction Services (OMHAS) has the responsibility for reviewing and approving the county biennial plan for the establishment and operation of the county Community Mental Health Programs. Accordingly, the OMHAS requests the county to submit a biennial plan encompassing treatment and prevention services for mental health, addiction, and problem gambling. The county plans will help guide the OMHAS in the development of the 2005-2007 County Financial Assistance Contract (CFAC). The county plans will also provide information for development of the 2005-2007 OMHAS Budget Request. The mental health inormation will permit the county to fulfill the requirements in ORS 430.630(10)b) to review and revise the local plan biennially.

Counties should submit plans that provide a clear framework for allocating resources for 2005-2007. The amount of funding in the 2003-2005 CFAC represents the "base allocation" for 2005-2007. The plans should identify any changes in needs, resources or other circumstances that might require changes in the service delivery system, including any changes the county is requesting in the distribution of resources among service elements. However, in planning for the distribution of resources among service elements, counties may not request transfer of funds from one program area into another. For instance, funds in an alcohol and drug service element may not be reallocated to a mental health service element.

GENERAL GUIDELINES

1. Licensure/Approval – Any provider selected as a subcontractor to provide treatment services must have a current letter of approval or license from OMHAS documenting current substantial compliance with the relevant administrative rules.
2. Minority Services – In accordance with ORS 430.364, the OMHAS will give priority consideration to applications for alcohol and drug treatment funding that adequately address the need for services to ethnic and racial minorities. At a minimum, the county plan should maintain alcohol and drug prevention and treatment services for minorities at the 2003-2005 level.

3. Treatment Outcome Improvement – During the 2005-2007 biennium, the OMHAS will use the Treatment Outcome Improvement Measurement reports to measure the efficiency and effectiveness of treatment services. We will base the CFAC not only on the quantity of services provided, but on performance and quality as well. The OMHAS will require county cooperation with procedures designed to measure and improve outcomes. The outcomes used in the Treatment Outcome Improvement Reports for each program area are included as Appendix A.

STANDARD PLAN REQUIREMENTS

1. Complete the County Contact Information Form (Attachment 10).
2. Provide a narrative description of the county planning process. The narrative should include a discussion of how consumers, advocates, consumer family members, and other stakeholders were involved in the development of the plan. The local Department of Human Services Service Delivery Area (SDA) managers and staff are key stakeholders and the narrative should describe their involvement in local planning efforts.
3. Provide a description of current functional linkages with the State Hospital system and mental health acute care inpatient providers.
4. Provide a detailed narrative description of how the county will allocate and use the resources provided by the OMHAS. Describe in detail any changes in allocations to service elements or subcontractors and the rationale for those changes. Note that counties may not move resources from one program area to another. For instance, funds allocated to an alcohol and drug service element may not be moved to a mental health service element.
5. Provide the proposed funding allocations to each service element. Use Attachment 1 to record any funds that you intend to subcontract. On Attachment 1, you will list subcontracted providers, the type of service being subcontracted, and the amount subcontracted to each provider.
6. Provide documentation of the approval of the Board of County Commissioners on Attachment 2.
7. Provide documentation of the review of the alcohol and drug prevention and treatment portion of the plan by the Local Alcohol and Drug Planning Committee (Attachment 3).
8. Provide documentation of the review of the mental health portion of the plan by the Local Mental Health Advisory Board (Attachment 6).
9. Provide documentation of the review of the alcohol and drug prevention and treatment portions of the plan by the Local Commission on Children and Families (Attachment 4). This review is conducted in accordance

with ORS 417.775, as revised by HB 2120 passed by the 2003 Legislative Assembly.

10. Use Attachment 5 to provide assurances of the county funds maintenance of effort for alcohol and drug prevention and treatment services required by ORS 430.359(4).
11. Using attachment 11, provide documentation of the review of the plan by the Department of Human Services Service Delivery Area Manager with responsibility for your county.

PREVENTION PLAN REQUIREMENTS

1. The county must designate a coordinator or contact person who is primarily responsible for the development, monitoring and oversight of the prevention plan. The coordinator/contact person must be able to carry out the responsibilities of a Certified Prevention Specialist (CPS).
2. Using funds provided in Service Element 70, the County coordinator/contact person must agree to attend two Department of Human Services (DHS) sponsored meetings per year for prevention coordinators/contact persons. All meetings will be held in a central location.
3. Counties must continue to maintain and/or support the ongoing development of community coalitions within the county as a major prevention program.
4. The county must ensure participation and coordination of the Partners for Children and Families (PCF) planning process. **The County Prevention Implementation Plan must include the priorities and activities/strategies that have been identified in the county's Comprehensive Plan, Phase II and Phase III, which includes services to reduce 8th grade drug use.** If you do not have a copy of your county's Comprehensive Plan, contact the director of the local Commission on Children and Families. The county's logic model identifies specific strategies and intermediate-level outcomes that will assist you in writing this portion of the plan. The Prevention Plan should follow the Planning Principles as adopted by the PCF partners.
5. The Prevention Plan should include a narrative that describes prevention programs, including community mobilization, parent education, public awareness about alcohol and other drug issues, underage drinking, and other needs identified in the local Partners for Children and Families Comprehensive Plan. The narrative should include the items listed below.
    - List any SAMHSA Model Programs being used.
    - Explain how the Prevention Plan will address the Comprehensive County Plan and the priorities and logic model information related to alcohol, tobacco and other drug prevention from Phase II.

- Describe how the county is addressing cultural and gender specific issues.
- Describe how the county will plan for and provide access to ongoing professional development training for prevention staff and providers.

PREVENTION PLAN DETAIL

Using Attachment 7 and the numbering and lettering system described below, please describe the program outputs and intermediate-level outcomes being proposed for the biennium.

1. *Proposed Programs* – Beginning with #1 and continuing sequentially, list each of the programs/activities that you are proposing for the biennium, (i.e., Life Skills Training, Parenting for a Positive Future, etc.).
2. *Program Outputs* – Beginning with #1 and continuing sequentially, list each of the Program Outputs (process objectives) that you are proposing. For example, you might list "provide 10 sessions of Life Skills Training for a minimum of 150 students each year" or "train 250 parents in Parenting for a Positive future each year" as outputs.
3. *Program Outcomes* – Beginning with Program Output #1, list all the Intermediate-level Outcomes for each proposed output, noting how the outcomes will be measured. For example, you might indicate "80% of participants will demonstrate increased knowledge in positive parenting techniques as measured by pre-post tests" or "90% of participants will demonstrate a new parenting technique learned in class". Designate each listed outcome as either an educational, attitudinal, or behavioral outcome (i.e., 1-A, 3-B, 6-E). Each program output should have at least one accompanying Program Outcome. For more information on writing Intermediate-level Outcomes, please visit the Oregon Progress Board's website on performance Measure Guidelines at www.econ.state.or.us/opb/perfmeas/guidelines.html.

MENTAL HEALTH PLAN REQUIREMENTS

In the mental health portion of the plan, please include:

- A description of the process for stakeholder participation in the review and update of the plan created during the 2001-2003 planning process and list which stakeholder groups participated;
- The outcomes selected to be measures during 2003-2005 and any changes to be made for the 2005-2007 period;

- To the extent your county identified system change priorities for adults/seniors and children/adolescents, note whether those priorities continue in 2005-2007 or whether they are to be changed, list the new priorities; and
- Describe evidence-based practices to be used in 2005-2007 for treating children/adolescents and adults/seniors. For assistance in this area, contact Mike Moore at 503-945-9498 or michael.w.moore@state.or.us for adults, and Bill Bouska at 503-945-9717 or bill.bouska@state.or.us for children/adolescents.

GAMBLING PREVENTION AND TREATMENT

Introduction

Services for problem gambling are provided through the County Financial Assistance Contracts under three separate service elements. These service elements are Outpatient Problem Gambling Treatment (AD81), Problem Gambling Prevention (AD80), and Problem Gambling Treatment Enhancements (AD83).

Due to the relatively low prevalence of problem gambling combined with limited problem gambling flex funds, we encourage less populous counties to work together to form service regions. Ideally, a service region will be large enough to have a meaningful amount of problem gambling flexible funds. Service regions are formed through cooperative agreements between counties. Each service region must designate a county or appropriate agency as the regional contractor. For those counties not directly contracting for problem gambling services, the local Mental Health Authority must provide their signed consent to transfer problem gambling service contract authority to another county or agency (see Attachment 9).

Allocations for Outpatient Problem Gambling Treatment (AD81) are based on past fee-for-service claims and adjusted during the biennium to match service level. The allocations for the other two problem gambling service elements are from the Problem Gambling Flex Fund. The Problem Gambling Flex Fund budget numbers in this document are estimates. Counties providing problem gambling services choose what portion of their "flex funds" to place into AD80 and AD83.

Planning Recommendations

The majority of problem gambling service funds are provided through outpatient problem gambling treatment (AD81). The allocations of these funds are structured under a fee-for-service payment system. Under this system, successful gambling treatment programs are most viable in counties or Service Regions with over 35,000 adult residents. As a general planning guideline, for every 75,000 adults, one full-time gambling treatment specialist can be supported through Gambling Treatment Funds (based on the following data driven assumptions: 50 annual enrollments, average of 20 billable hours per client, expense of supporting a 1.0 FTE gambling treatment specialist is $83,000)

Gambling Service Regions perform best when the region has at least one staff person dedicated to gambling services. In regions with less than 75,000 adult residents, a .5 FTE – 1.0 FTE Gambling Services Specialist generally serves the dual role as the gambling treatment specialist and the problem gambling prevention/outreach specialist. Model programs and contact persons are available upon request from Jeff Marotta, Problem Gambling Services Manager: 503 945-9700.

In service regions covering expansive areas with low population density, treatment access will be improved with the development of sub-contracts. Under this model, the region has a central office with satellite treatment locations via contracts or interagency agreements.

The division of "flex funds" should include at least 50% into the problem gambling prevention service element. Most regions found that splitting the funds into 80% prevention and 20% treatment enhancement worked well. Recall that the majority of treatment funds come from a separate fee-for-service based service element.

Additional gambling treatment funds are reserved for statewide access to crisis respite programs. Counties incorporating crisis-respite services into their Treatment Enhancement Plan (AD83) may request funding at a level above their "flex funds" allocation if they agree to serve non-county/region Oregon residents. Two to four programs will receive "statewide funding" awards between $5,000 and $35,000 annually for crisis respite services. Statewide, the need for problem gambling specific crisis-respite services is estimated at 50 persons annually.

PROBLEM GAMBLING PREVENTION PLAN

1. The County must designate a coordinator or contact person who is responsible for the development, monitoring, and oversight of the plan.

2. The County coordinator/contact person must agree to attend, using the budgeted gambling prevention funds, two Department of Human Services (DHS) sponsored problem gambling prevention meetings per year. All meetings will be held in a central location.

3. Major program areas should include community mobilization, public awareness about problem gambling issues, selective outreach, and other locally identified needs. Integrating discussions about problem gambling into existing public health programs and projects is highly encouraged.

GAMBLING PREVENTION PLAN DETAIL

Using Attachment 8 and the numbering and lettering system described below, please describe the program outputs and intermediate-level outcomes being proposed for the biennium.

1. *Proposed Programs* – Beginning with number one and continuing sequentially list each of the programs/activities that you are proposing. An example would be "Facing the Odds: the Mathematics of Gambling and Other Risks".
2. *Program Outputs* – Beginning with number one and continuing sequentially list the program outputs (process objectives) that you are proposing. For example, you might list "Integrate 'Facing the Odds' materials into the mathematics curricula of four middle schools" as a program output.
3. *Program Outcomes* – Beginning with Program Output number one, list all the intermediate-level outcomes for each proposed output, noting how the outcomes will be measured. For example, you might indicate "80 percent of program participants will demonstrate increased knowledge in probability and gambling". Designate each outcome as an educational, attitudinal or behavioral outcome (i.e., 1-A, 3-B, 6-E). Each program output should have at least one accompanying program outcome. For more information on writing intermediate-level outcomes, please visit the Oregon Progress Board's website on Performance Measure Guidelines at www.econ.state.or.us/opb/perfmeas/guidelines.html.

PROBLEM GAMBLING TREATMENT ENHANCEMENT PLANNING GUIDELINES

Problem Gambling Treatment Enhancement (A&D 83) projects are support services outside the scope of A&D 81 services. The purpose of these services is to improve treatment access, engagement, retention and completion rates for individuals and their families receiving outpatient gambling treatment services from County.

1. County must designate a coordinator or contact person responsible for the development, monitoring, and oversight of the plan.

2. County should develop its treatment enhancement plan with the participation from all of the agencies that provide A&D 81 services within the service region.

3. Service areas that should be considered in the treatment enhancement plan include:

    a) Crisis Services (psychiatric and medication evaluations);
    b) Crisis Respite (1-5 day inpatient hospitalization or residential treatment due to suicidality, 1-10 day shelter care, or in-home stabilization services);
    c) Dual Diagnosis Services (mental health and addictions evaluation, psychiatric consultations, medication management);
    d) Care Coordination (therapeutic case management, interagency case consultation);
    e) Continued wellness/maintenance services (aftercare groups, follow-up sessions);
    f) Pressure Relief Financial Counseling (for problem gambler and significant other);
    g) Severe Housing Problems (subsidize rent/mortgage one time only);
    h) Treatment Access Obstacles (transportation, child care, or other supports to overcome barriers to treatment);
    i) Interpreter Services (hearing impaired, non-English speaking);
    j) Other individualized treatment services necessary to assist an individual with successful completion of outpatient gambling treatment;

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ATTACHMENT 1

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column indicate if the provider delivers services specific to minorities, women, or youth.

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract	Specialty Service

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ATTACHMENT 2

BOARD OF COUNTY COMMISSIONERS

County: _____

The _____ Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2005-2007. Any comments are attached.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

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ATTACHMENT 3

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE REVIEW AND COMMENTS

County: _____

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (persons of color according to the U.S. Bureau of Census).

The _____ County LADPC recommends the state funding of alcohol and drug prevention and treatment services as described in the 2005-2007 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

ATTACHMENT 4

COMMISSION ON CHILDREN & FAMILIES

County: _____

The _____ County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2005-2007. Any comments are attached.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

ATTACHMENT 5

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: _____

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2005-2007 is equal to or greater than the amount of county funds expended during 2003-2005.

_____
Name of County Mental Health Program Director

_____
Signature

_____
Date

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ATTACHMENT 6

LOCAL MENTAL HEALTH ADVISORY BOARD REVIEW AND COMMENTS

County: _____

Type in or attach list of committee members including addresses and telephone numbers.

The _____ County Mental Health Advisory Board recommends the state funding of mental health treatment services as described in the 2005-2007 County Implementation Plan. Further comments and recommendations are attached.

Name of Chair: _____

Address: _____

_____

Telephone Number: _____

Signature: _____

Attachment 7
2005-07 Prevention Plan

County _____ Prevention Coordinator _____

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs.

Proposed Programs	**Proposed Outputs**	**Proposed Outcomes**

Attachment 8
2005-07 GamblingPrevention Plan

County _____ Prevention Coordinator _____

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs.

Proposed Programs	**Proposed Outputs**	**Proposed Outcomes**

Attachment 9

Problem Gambling Service Region Designation

Please designate the name of the county or agency that serves as the regional contractor for providing problem gambling services to your county:

_____County hereby authorizes_____
_____to obtain DHS distributed funds for the provision of problem gambling services to County residents.

_____ _____
Signature for Authorizing County Title

For those counties serving as the regional contractor, please use the below table to determine level of Problem Gambling Flex Fund availability.

Region: _____
(Name of Counties or County in service area)

Total Annual Problem Gambling Flex Funds Available: _____

County	Est. Flex Fund Availability*	County	Est. Flex Fund Availability*	County	Est. Flex Fund Availability*
Baker	$4,639	Harney	$7,560	Morrow	$2,828
Benton	$13,027	Hood River	$3,551	Multnomah	$106,060
Clackamas	$54,608	Jackson	$30,347	Polk	$10,288
Clatsop	$6,222	Jefferson	$3,992	Sherman	$824
Columbia	$7,399	Josephine	$13,016	Tillamook	$4,636
Coos	$11,039	Klamath	$13,976	Umatilla	$13,170
Crook	$4,595	Lake	$6,372	Union	$5,265
Curry	$4,624	Lane	$54,478	Wallowa	$3,125
Deschutes	$19,335	Lincoln	$7,701	Wasco	$5,183
Douglas	$19,623	Linn	$18,262	Washington	$66,636
Gilliam	$1,099	Malheur	$11,314	Wheeler	$1,320
Grant	$4,105	Marion	$45,748	Yamhill	$14,033

**Budget estimates are annual and are subject to change*

ATTACHMENT 10

County Contact Information Form

1. County Contact Information

County:_____

Address:_____

City, State, Zip:_____

Name and title of person(s) authorized to represent the County in any negotiations and sign any Agreement:

Name_____Title_____

Name_____Title _____

2. Addiction Treatment Services Contact Information

Name_____

Agency_____

Address_____

City, State, Zip_____

Phone Number_____Fax_____

E-mail_____

3. Prevention Services Contact Information

Name_____

Agency_____

Address_____

City, State, Zip_____

Phone Number_____Fax_____

E-mail_____

4. Mental Health Services Contact Information

Name_____

Agency_____

Address_____

City, State, Zip_____

Phone Number_____Fax_____

E-mail_____

5. Gambling Treatment Prevention Services Contact Information

Name_____

Agency_____

Address_____

City, State, Zip_____

Phone Number_____Fax_____

E-mail_____

ATTACHMENT 11

Service Delivery Area Manager

As Service Delivery Area Manager with responsibility for_____ County, I have reviewed the Biennial County Implementation Plan for 2005-2007. My comments are attached.

Name: _____

Address: _____

_____

Signature: _____

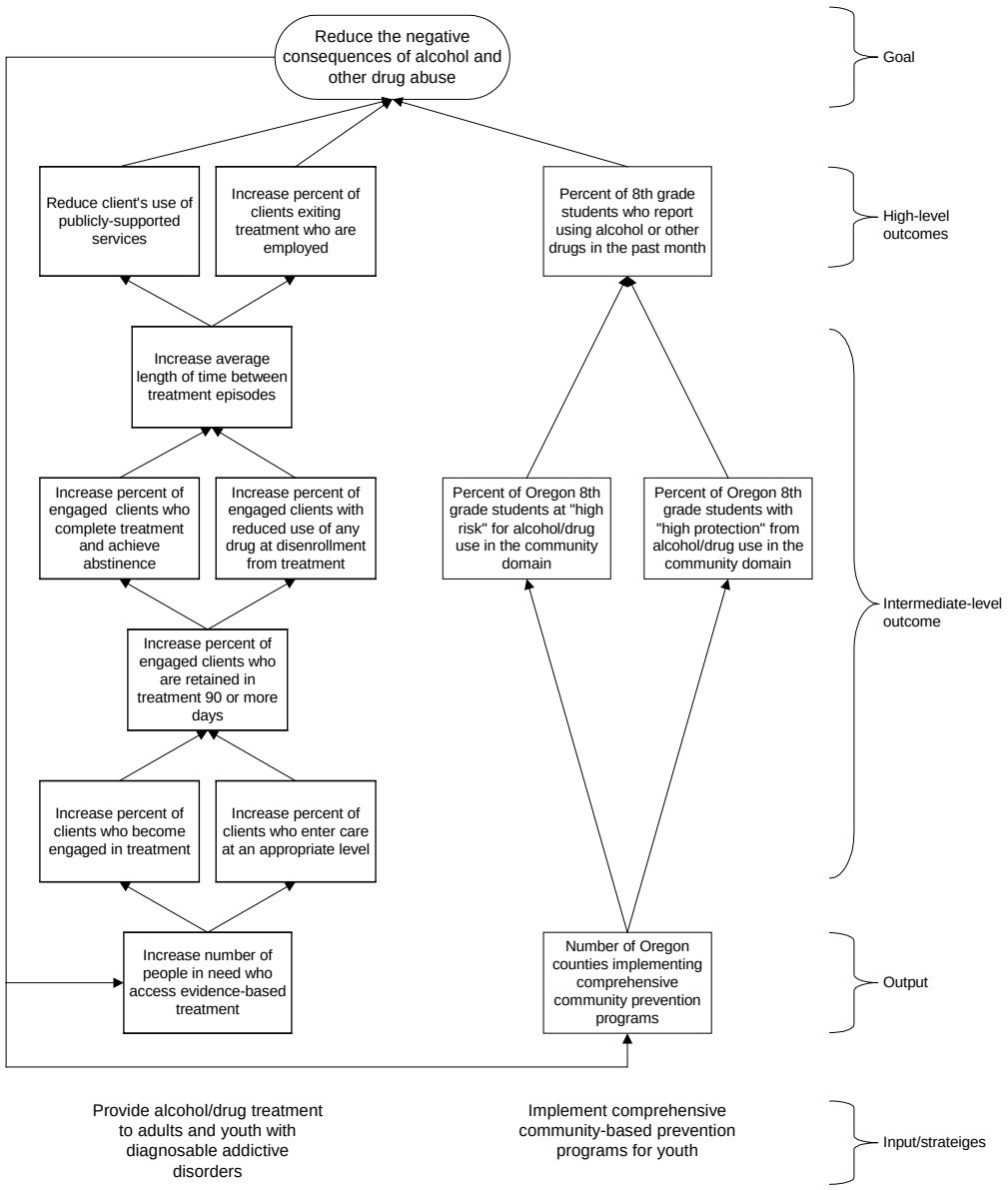
DUE DATE

The Office of Mental Health and Addiction Services must receive implementation Plans no later than March 1, 2004.

Appendix

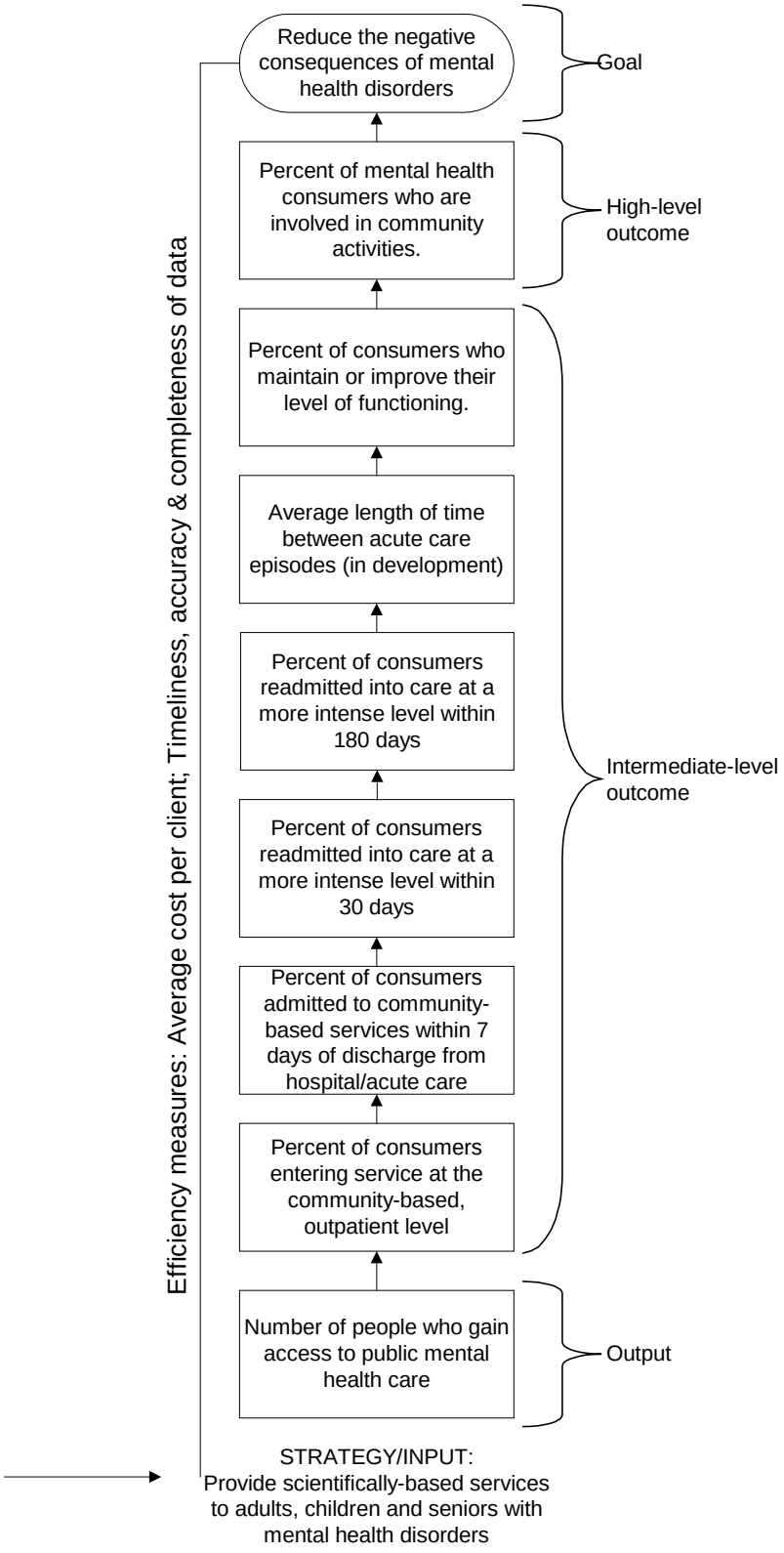
Logic Model Outcomes
For
Behavioral Health Services

Addiction Prevention and Treatment



Proposed Logic Model

Mental Health Treatment Service



Proposed Logic Model – Gambling Services
July 29, 2002