



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Addictions and Mental Health Division

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DATE: November 5, 2007

TO: Community Mental Health Program Directors
Madeline M. Olson

FROM: Madeline M. Olson, Deputy Assistant Director

SUBJECT: Biennial County Implementation Plan Guidelines

Attached you will find the **2009-2011 County Implementation Plan Guidelines**. The guidelines provide the framework for the development of County Implementation Plans required by ORS 430.630 and 430.640. The plans will serve as a basis for the collaboration between the Addictions and Mental Health Division (AMH) and counties in implementing and improving addiction and mental health prevention and treatment services during the 2009-2011 biennium.

The County Implementation Plans will help guide AMH in the development of the 2009-2011 Budget Request. The March 1, 2008 due date accommodates the use of the plans in budget development and gives counties four months to complete the planning process. Following development and approval of the budget, the plans will also serve as framework for allocating resources to the 2009-2011 Financial Assistance Agreement.

The 2009-2011 County Implementation Plan Guidelines are not substantially different from the 2007-2009 guidelines. They maintain a streamlined, simplified approach that respects the need to conserve scarce county resources. AMH remains committed to reducing administrative costs and redirecting the savings to treatment and prevention.


I look forward to working with you to plan and implement services for the next biennium. Thoughtful and careful planning will set the stage for continued progress in building and maintaining an effective service delivery system that meets the needs of Oregon's people.

If you have questions regarding the guidelines or the planning requirements you may contact the AMH staff listed below.

If you need this letter in alternate format, please call 503-945-5763 (Voice) or 503-945-5895 (TTY)

"Assisting People to Become Independent, Healthy and Safe"

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HSS1601 (11/06) 

C&A Mental Health Services – Bill Bouska, Manager, C&A Mental Health Services – 503-945-9717

Mental Health Services – Len Ray, Administrator, Adult Mental Health Services – 503-945-9714

Addiction Services – Karen Wheeler, Addictions Policy and Program Development Manager – 503-945-6191

Problem Gambling Services – Wendy Hausotter, Problem Gambling Prevention and Workforce Development Coordinator – 503-945-9703

BM/ca

Enc.
2009-2011 County Implementation Guidelines

cc: Board of County Commissioners
Local Alcohol and Drug Planning Committee
Local Mental Health Advisory Committee
Local Commission on Children and Families
Children, Adults and Families District Managers
Local Public Safety Coordinating Council
Governor's Council on Alcohol and Drug Abuse Programs
Planning and Management Advisory Council

ADDICTIONS AND MENTAL HEALTH DIVISION 2009-2011 COUNTY IMPLEMENTATION PLAN GUIDELINES

Under ORS 430.630 and 430.640, the Addictions and Mental Health Division (AMH) has the responsibility for reviewing and approving the county biennial plan for the establishment and operation of the county Community Mental Health Programs. Accordingly, AMH 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 AMH in the development of the 2009-2011 County Financial Assistance Agreement (CFAA). The county plans will also provide information for development of the 2009-2011 AMH Budget Request.

Counties should submit plans that provide a clear framework for allocating resources for 2009-2011. The amount of funding for addiction, problem gambling and mental health prevention and treatment services in the 2007-2009 CFAA represents the “base allocation” for 2009-2011.

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 transfer funds from one program area into another. For example, 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 AMH documenting current substantial compliance with the relevant administrative rules.
2. Services to diverse populations – In accordance with ORS 430.364, AMH will give priority consideration to applications for alcohol and drug treatment funding that adequately address the need for services for diverse populations services. At a minimum, the county plan should maintain these services at the 2007-2009 level.

STANDARD PLAN REQUIREMENTS

1. Complete the County Contact Information Form.
2. Provide a narrative description of the county planning processes used to develop or update the County Plan. The narrative should include a discussion of how consumers, advocates, consumer family members, community coalitions and other stakeholders were involved in the development of the plan. Describe also how the plan will ensure that services are culturally competent and that minority populations have access to services designed to meet their specific needs.
3. Provide a description of current functional linkages with the state hospital system and mental health acute care inpatient providers.
4. If the county subcontracts for residential or detoxification, describe how the residential providers will coordinate services with outpatient providers.
5. Describe how the county is coordinating addictions treatment with the criminal justice system. How are drug court referrals prioritized?
6. Identify the high priority needs for each program area (mental health, alcohol and drug prevention and treatment, and problem gambling services). What areas does the county needs assessment identify as critical for improving access and client or consumer outcomes? How does the county plan address the top priorities in the local comprehensive and coordinated planning process (SB 555) for substance abuse prevention, addiction treatment and mental health services?
7. Provide a detailed narrative description of how the county will allocate and use the resources provided by the AMH. The narrative should include a description of how the county will increase and improve the use of evidence-based practices in services for which the county receives funding from AMH. Describe in detail any changes in allocations to service elements or subcontractors and the rationale for those changes.
8. Record the proposed funding allocations to each service element and to each subcontractor on Attachment 1.
9. Provide documentation of the approval of the Board of County Commissioners on Attachment 2.
10. 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 on Attachment 3.
11. Provide documentation of the review of the plan by the Local Mental Health Advisory Committee on Attachment 4.

12. 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 on Attachment 5.
13. The county is required by ORS 430.359 to maintain its contribution at an amount not less than the preceding year. Use Attachment 6 to provide assurances of the county funds maintenance of effort for alcohol and drug prevention and treatment services required by ORS 430.359(4).
14. Identify and list on Attachment 7 the planned expenditures of county funds the county will use to meet the maintenance of effort requirement for the 2009-2011 biennium. County funds are any monies expended by the county that have not been provided by AMH, by the Division of Medical Assistance Programs, or by Fully Capitated Health Plans. For maintenance of effort purposes, the counties may count grant funds provided directly to the county by the federal government.
15. List on Attachment 7 any carryover of AMH funds from the 2005-2007 biennium and describe how those funds will be spent in 2007-2009 or 2009-2011. List any other type of carryover funds and describe how those funds will be used. Please note that listing the carryover funds on the Implementation Plan does not replace any separate contract requirements for reporting unspent monies.
16. Use Attachment 8 to document review and comment by the local Children, Adults and Families District Manager.
17. Use Attachment 9 to document review and comment by the Local Public Safety Coordinating Council.

PREVENTION PLAN

In a brief narrative, list the major program areas addressed in the plan, consistent with the six CSAP strategies, such as parent education, community mobilization, or information dissemination. Be sure to address specific strategies to prevent underage drinking, including public education efforts and issues of access to alcohol products. The narrative should describe the prevention strategies to be employed and should explain how the plan addresses the priorities of the Comprehensive and Coordinated Plan required by statute (SB 555).

Please describe how the county will continue to maintain and support the ongoing development of community coalitions. List the active coalitions in the county and identify which are supported by funds allocated by AMH. Describe how the county will address cultural and gender-specific issues and

indicate how the county will ensure professional development training for prevention staff and providers.

For each prevention strategy used, the plan should include a completed Prevention Strategy Sheet (Attachment 10). If you are proposing a different strategy for each fiscal year, please note the fiscal year on the strategy sheet.

PROBLEM GAMBLING SERVICES PLAN

Assuming funding for problem gambling services remains unchanged, please provide a brief narrative describing proposed revisions to the current problem gambling prevention plan and the current problem gambling treatment enhancement plan. Counties that do not directly provide problem gambling services and are part of a regional contracting arrangement should reference this fact in the Implementation Plan and identify the county that will deliver services for their region.

CHILDREN'S MENTAL HEALTH SERVICES PLAN

Improvements in the delivery of mental health services to children, youth and families will result in an integrated system of care that is coordinated, comprehensive, culturally competent and family-driven.

Describe how the coordination and continuity of care (over time and through episodes of care) is achieved to ensure that children and youth remain “at home, in school, and out of trouble.”

Describe how families and youth participate in the planning and further development of services and supports at the clinical and system levels.

Describe how you demonstrate cultural competency and respect for diversity with the families you serve.

Describe how improvements in the array of services available to families are identified and implemented.

Describe how you collaborate with other child-serving entities to ensure that services and supports are comprehensive and well coordinated.

OLDER ADULT MENTAL HEALTH SERVICES

Senate Bill 781, passed by the 2005 Legislative Assembly, adds requirements for the planning and delivery of mental health and addiction prevention and treatment services for older adults. Describe the current service capacity designed to meet the needs of older adults, as well as the service gaps or unmet needs. Outline any workforce development efforts needed to assist the service delivery system in working more effectively with older adults.

DUE DATE FOR THE BIENNIAL COUNTY IMPLEMENTATION PLANS

AMH must receive Implementation Plans no later than 5:00 p.m. on March 1, 2008.

Addictions and Mental Health Division

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. Problem Gambling Treatment Prevention Services Contact Information

Name _____

Agency _____

Address _____

City, State, Zip _____

Phone Number _____ Fax _____

E-mail _____

6. State Hospital/Community Co-Management Plan Contact Information

Name _____

Agency _____

Address _____

City, State, Zip _____

Phone Number _____ Fax _____

E-mail _____

Addictions and Mental Health Division – Attachment 2

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: _____

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – 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 (ethnics of color according to the U.S. Bureau of Census).

In accordance with ORS 430.342, the _____ County
LADPC recommends the state funding of alcohol and drug treatment
services as described in the 2009-2011 County Implementation Plan.
Further LADPC comments and recommendations are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division - Attachment 4

LOCAL MENTAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

County: _____

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

The _____ County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2009-2011 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division - Attachment 5

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

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 2009-2011. Any comments are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division - Attachment 6

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 2009-2011 is not lower than the amount of county funds expended during 2007-2009.

Name of County Mental Health Program Director

Signature

Date

Addictions and Mental Health Division – Attachment 7

PLANNED EXPENDITURES OF MATCHING FUNDS (ORS 430.380)
AND CARRYOVER FUNDS

County: _____

Contact Person: _____

Matching Funds

Source of Funds	Amounts	Program Area

Carryover Funds

AMH Mental Health Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element

AMH Alcohol & Drug Funds Carryover Amount from 2007-2009	Planned Expenditure	Service Element

Addictions and Mental Health Division – Attachment 8

REVIEW AND COMMENTS BY THE LOCAL CHILDREN, ADULTS
AND FAMILIES DISTRICT MANAGER FOR THE DEPARTMENT OF
HUMAN SERVICES

County: _____

As Children, Adults and Families District Manager for the Department of Human Services, I have reviewed the 2009-2011 Biennial County Implementation Plan and have recorded my recommendations and comments below or on at attached document.

Name of District Manager: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 9

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY
COORDINATING COUNCIL

County: _____

The Local Public Safety Coordinating Council has reviewed the 2009-2011 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 10
 2009-2011 County Biennial Implementation Plan

PREVENTION STRATEGY SHEET

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. All outputs and outcomes must be measurable.

Proposed Programs	Proposed Outputs	Proposed Outcomes