



Department of
Mental Health

Department of Alcohol
and Drug Addiction Services

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Ted Strickland, Governor

Community Plan Guidelines for SFY 2012 – 2013

September 21, 2010

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Ohio Department of Mental Health
and
Ohio Department of Alcohol and Drug Addiction Services
Community Plan Guidelines for SFY 2012 – 2013

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Introduction and Instructions for Completing the Community Plan Guidelines for SFY 2012 – 2013

INTRODUCTION

Attached please find a copy of the ODMH/ODADAS Community Plan Guidelines and Review Criteria. These guidelines, which will cover SFY 2012 and 2013, represent the Departments' efforts at streamlining statutory requirements and reducing administrative burden. A draft of the guidelines was disseminated to key constituent groups for review and feedback and much of that feedback was incorporated into this version of the guidelines.

Plans will be reviewed by a joint ODMH/ODADAS team. The focus of the Plan reviews will be to ensure that statutory requirements are met and to strengthen the Plan's ability to serve as a marketing tool (utilizing the Plan to leverage shared resources with other systems and enhance collaboration) and blueprint for service provision.

The ODADAS Planning Committee of the Governor's Shareholders Group produced a final report June 17, 2003 that continues to provide guidance to the development of the Community Plan guidelines. The report identified seven priority issues related to Community Planning which have been expanded upon to address both the AOD and mental health system in light of this ODMH/ODADAS Community Plan guidelines effort:

1. The Community Plan should be a living, useful document with widespread applicability and awareness. The Community Plan should be viewed as a management tool for the Board. In this regard the Plan is best used for marketing, resource development, service identification and delivery and evaluation.
2. Service planning needs to be purposefully connected with other related planning processes in the community. The Plan should address shared community priorities where possible. It should promote solution for priorities established by other entities within the service area.
3. The Planning Committee believed that it was important to identify "best practices" of Community Planning and share these practices with all counties.
4. It is important to identify tangible benefits for local communities that come from doing quality planning.
5. There must be a better connection between local Community Plans and Departmental funding priorities and decisions. This allows local planners to support Departments' initiatives and allow the Departments to promote local initiatives. An improved connection between state and local planning places the field in a position to better advocate for and develop the system. Community Plans and Department priorities should jointly be the basis for the development of state plans.
6. Identify and eliminate activities that are non-productive to the planning process.
7. Recognize that local political process and activity influences Community Planning.

The Governor's Shareholders Group Planning Committee also identified key reasons for engaging in quality planning. These included:

1. Improve the financial position of local behavioral health systems by attracting support from other areas that have a vested interest in assuring that a healthy alcohol and other drug and mental health system exists in the county.
2. Improve the ability of other systems to meet their needs and objectives.
3. A basis for marketing efforts that is needed to attract participation and support (investment) from other systems including the business community.
4. The Community Plan should be product oriented – its operationalization should result in concrete results based upon identified priorities. This should be a *community product* related to mutually shared community priorities.

In summary, the Community Plan Guidelines for SFY 2012-2013 place an emphasis in clarity of outcomes and results within a planning process. Boards are asked to describe Board goals (outcomes) that are consistent with and contribute to Department goals (outcomes) as well as to describe a plan for verifying that results are achieved.

INSTRUCTIONS FOR COMPLETING THE COMMUNITY PLAN GUIDELINES FOR SFY 2012 - 2013

Application and Approval Process

The Community Plan for Alcohol, Drug Addiction and Mental Health Services for SFY 2012 – 2013 is **due by December 30, 2010**. Boards are required to submit their Plan to ODMH and ODADAS by e-mail to **EMAIL ADDRESS**. Plans will not be accepted by fax or hard copy. **All Boards (ADAMHS, ADAS and CMH) must also submit two original hard copies of the completed signature page (page 42 of the Template) to:**

**ATTN: Matthew V. Loncaric
Ohio Department of Mental Health
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430**

ODMH and ODADAS staff will review the completed application within 60 days of receipt and notify each Board of its Plan's approval or any required modifications or additions. Complete application approval can occur only after ODMH and ODADAS receive and approve the SFY 2012 – 2013 Community Plan, including:

- ❖ **ODADAS Only:** SAMHSA notifies ODADAS of its final SAPT Block Grant award for FFY 2011;
- ❖ **ODADAS Only:** Boards are informed of their final allocations for SFY 2012 by ODADAS;
- ❖ **ODMH Only:** Approval of State Inpatient Bed Days & CSN Services;
- ❖ **ODMH Only:** Approval of Notification of Election of Distribution;
- ❖ **ODMH Only:** Approval of Agreement and Assurances;
- ❖ **ODMH Only:** Approval of Board Forensic Monitor and Board Community Linkage Contact;
- ❖ **ODMH Only:** Approval of Board Membership Catalog;
- ❖ **ODMH Only:** Approval of Board Budget Template and Narrative.

The Community Plan Guidelines are available on the ODMH and ODADAS website: www.mh.state.oh.us and www.ada.oh.gov. With the exception of the signature page (two original signature pages must be mailed), applications will only be accepted via e-mail submission to **E-MAIL ADDRESS**.

Completing the Guidelines

Boards must use the Community Plan Template to complete and submit their Plan. The template includes all of the required headings for each section and each response in the Plan. Instructions for completing the Community Plan Template follow:

Boards must complete responses to each required item in Microsoft Word or other word processor software saved in a format that can be read by Microsoft Word VERSION 2003 or earlier using the template included with these guidelines. The Board is expected to provide a response to all items in the Guidelines that are identified.

There are several items that are unique to the needs of ODMH or ODADAS. For items required only by ODADAS, items are marked ADAMHS/ADAS Only. Items required only for ODMH are marked ADAMHS/CMH only. In these instances the CMH or ADAS Board may delete the heading of the item from the Community Plan Template prior to submitting the Plan to the Departments.

Note that in several items the Departments ask Boards to respond, when applicable, to specific populations including deaf and hard of hearing, veterans and criminal justice involved clients or

ex-offenders. These are populations with which ODADAS and/or ODMH have a special interest either through federally-funded technical assistance efforts or programs or through statewide, interdepartmental initiatives such as Ohio Cares. Responses in the Community Plan will help to inform these efforts.

Provision of additional information and inclusion of documents in appendices

Boards may attach appendices as needed for the Community Plan; however, Plan reviewers will expect to find complete responses to items under the appropriate heading in the body of the Plan. Appendices should be utilized for supporting documentation.

Example: A Board responds to the methodology and findings questions of the needs assessment by writing “Please see Appendix X: Board Five-Year Strategic Plan.” This is not an acceptable response. An acceptable response would be to summarize, in the needs assessment section of the Community Plan, the methodology and key findings of the needs assessment conducted for the five year strategic plan that have relevance for SFY 2012-2103, then note that the full five year strategic plan can be found in Appendix X.

Regional Webinars

In order to assist Boards in completing the application, regional webinars will be held. Dates and times for the regional forums are:

Tuesday, October 5 from 9:30 AM – 11:30 AM - Central Region:

- ❖ MH & Recovery Board of Ashland County
- ❖ MH & Recovery Board of Clark, Greene, & Madison Counties
- ❖ Crawford-Marion Board of ADAMHS
- ❖ Delaware-Morrow MH & RS Board
- ❖ Fairfield County ADAMH Board
- ❖ ADAMH Board of Franklin County
- ❖ Licking & Knox Counties MHRS Board
- ❖ Logan-Champaign Counties MHDAS Board
- ❖ Paint Valley ADAMH Board
- ❖ MHRS Board of Richland County
- ❖ MH & Recovery Board of Union County
- ❖ MH & Recovery Board of Wayne & Holmes Counties

Tuesday, October 5 from 1:00 PM – 3:00 PM - Southwest Region:

- ❖ ADAMHS Board of Adams, Lawrence & Scioto Counties

- ❖ Brown County Community Board of ADAMHS
- ❖ Butler County ADA Services Board
- ❖ Butler County Mental Health Board
- ❖ Clermont County MH & Recovery Board
- ❖ Gallia-Jackson-Meigs Board of ADAMHS
- ❖ Hamilton County MH & Recovery Services Board
- ❖ ADAMHS Board for Montgomery County
- ❖ Preble County MH & Recovery Board
- ❖ Tri-County Board of Recovery & MH Services
- ❖ MHRHS Board of Warren & Clinton Counties

Wednesday, October 6 from 9:30 AM – 11:30 PM - Southeast Region:

- ❖ Athens-Hocking-Vinton 317 Board
- ❖ Belmont-Harrison-Monroe MH & Recovery Board
- ❖ Jefferson County Prevention & Recovery Board
- ❖ Muskingum Area ADAMH Board
- ❖ Portage County MH & Recovery Board
- ❖ MHRHS Board of Stark County
- ❖ ADAMHS Board of Tuscarawas & Carroll Counties
- ❖ Washington County MH & AR Board

Wednesday, October 6 from 1:00 PM – 3:00 PM - Northwest Region:

- ❖ MHRHS Board of Allen, Auglaize & Hardin Counties
- ❖ MH & Recovery Board of Erie & Ottawa Counties
- ❖ Four County ADAMH Board
- ❖ Hancock County ADAMHS Board
- ❖ Huron County ADAMHS Board
- ❖ MHRHS Board of Lucas County
- ❖ Mercer, Van Wert & Paulding ADAMH Board
- ❖ MH & ADA Recovery Board of Putnam County
- ❖ MHRHS Board of Seneca, Sandusky & Wyandot Counties
- ❖ Wood County ADAMHS Board

Thursday, October 7 from 9:30 AM – 11:30 AM - Northeast Region:

- ❖ Ashtabula County MH & Recovery Board
- ❖ Columbiana County MH & Recovery Board
- ❖ ADAMHS Board of Cuyahoga County

- ❖ Geauga Board of MHS
- ❖ Lake County ADAMHS Board
- ❖ ADAS Board of Lorain County
- ❖ Lorain County Mental Health Board
- ❖ Mahoning County ADAS Board
- ❖ Mahoning County CMH Board
- ❖ Medina County ADAMH Board
- ❖ County of Summit ADM Board
- ❖ Trumbull County MH & Recovery Board

If you cannot attend the regional webinar at your designated time, you may attend one of the other webinars. The web link and phone number to access the regional webinars will be sent during the week of September 27, 2010, approximately one week prior to the regional webinars.

Weekly Phone Question & Answer/Technical Assistance Sessions

Weekly phone Q&A/TA sessions between Boards and ODMH/ODADAS staff will take place each Wednesday beginning on October 13, 2010 and concluding with a final session on December 22, 2010. Each session will be scheduled from 10:00 AM – 11:00 AM. Questions not unique to a specific Board will be included in a Frequently Asked Questions (FAQ) on either the ODMH or ODADAS website.

Plan Review and Questions

Review criteria are attached in Appendix D and will be reviewed at the regional forums. Questions from Boards regarding the Community Plan Guidelines should be directed to the following e-mail address communplan@ada.ohio.gov. Boards will receive a written response via e-mail. An FAQ will be developed and posted as questions are received from Boards.

Changes to the Plan

If the Board determines that a substantive change or revision to an approved Plan is necessary, the Board is to submit the proposed change to Sanford Starr, Chief of the Division of Planning, Outcomes and Research at ODADAS (SStarr@ada.ohio.gov) and Carrol A. Hernandez, Assistant Deputy Director, Program & Policy Development at ODMH (Carrol.Hernandez@mh.ohio.gov). A substantive change involves changing a Board's priorities and/or goals. For ADAMHS/CMH Boards only: If a significant change in budget should occur (i.e. 10 percent or more), the proposed change must be submitted to Holly Jones in the Office of Fiscal Administration at ODMH (Holly.Jones@mh.ohio.gov). If the Departments do not respond within 30 days of the date of receipt, then the revision will be considered approved.

Instructions for Completing the Cover Page:

The Board must insert Board name and submission date where indicated.

Instructions for Completing Mission, Vision and Value Statements:

If the Board has a mission, vision and/or set of value statements, they can be inserted in the spaces indicated. If the Board does not have a mission, vision and/or value statement, the heading of those statements can be removed from the Template.

Instructions for Completing Signature Page:

All Boards (ADAMHS, ADAS and CMH) must submit two original hard copies of the completed signature page (page 42 of the Template) to:

**ATTN: Matthew V. Loncaric
Ohio Department of Mental Health
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430**

Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.).

Section I: Legislative and Environmental Context of the Community Plan

Background and Instructions for Completing Section I of the Plan

Use the Community Plan Template to respond to each item described below.

I. Legislative Context of the Community Plan

The legislative basis of the Plan defines the statutory “givens” that must be addressed by the Plan. *The Departments have provided the legislative context section fully written in the Community Plan template. The Board does not have to modify this portion of the Plan.*

II. Environmental Context of the Community Plan

The environmental context defines key economic, demographic, and social factors that will have an impact on the service delivery system. A number of different processes or analyses can be used to help define the environmental context of the Plan. For example, SWOT Analysis helps to identify internal factors – The *strengths* and *weaknesses* internal to the local system of care and external factors – The *opportunities* and *threats* presented by the external environment to the local system of behavioral care.

The guidelines do not prescribe a method of environmental analysis but rather ask Boards to address the results of an analysis that include at a minimum two themes of overriding importance that will shape the provision of behavioral health care today and into the future: the economy and healthcare reform. Additionally, Boards are asked to discuss other key factors that will impact the provision of services including trends in clients who seek services. Finally, Boards should identify successes or achievements of the previous Plan.

NOTE on description of characteristics of clients who have sought services: There is a number of priority populations mandated by federal or state legislation that Boards incorporate into the Plan. In addition, there are locally derived priority populations that may also be reflected in the Board’s Plan. The response to characteristics of clients served informs the Departments, local systems with which the Board collaborates and the general public of the manner in which the Board is responding to this mix of priority populations. Hence, the focus on characteristics of customers is not about reporting back to ODMH and ODADAS publicly available utilization data, but rather serves as a tool to provide a basis in understanding who is receiving services, and who is not. This is especially important in times of fiscal retrenchment.

Economic Conditions and the Delivery of Behavioral Health Care Services

In response to this item, Boards may discuss their fiscal realities and constraints including Medicaid and Medicare issues that they encounter in providing behavioral health prevention and treatment services.

- 1. Discuss how economic conditions, including employment and poverty levels, are expected to affect local service delivery. Include in this discussion the impact of recent budget cuts and reduced local resources on service delivery. This discussion may include cost-saving measures and operational efficiencies implemented to reduce program costs or other budgetary planning efforts of the Board.*

Implications of Health Care Reform on Behavioral Health Services

Based upon what is known to date, discuss implications of recently enacted health care reform legislation on the Board's system of care.

Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area

Discuss the change in social and demographic factors in the Board area that will influence service delivery. This response should include a description of the characteristics of customers/clients currently served including recent trends such as changes in services and populations for behavioral health prevention, treatment and recovery services.

III. Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community Plan

Describe major achievements.

Describe significant unrealized goals and briefly describe the barriers to achieving them.

Section II: Needs Assessment

Background and Instructions for Completing Section II of the Plan

Use the Community Plan Template to respond to each item described below. This section of the Plan includes a description of process and findings of the Board's needs assessment regarding 1) prevention, 2) treatment and recovery services, and 3) capacity needs for behavioral health care.

Process the Board used to assess behavioral health needs

1. *Describe the process the Board utilized to determine its current behavioral healthcare needs including data sources and types, methodology, time frames and stakeholders involved.*

Findings of the needs assessment

2. *Describe the findings of the needs assessment identified through quantitative and qualitative sources.*

In the discussion of findings please be specific to:

- a. Adult residents of the district hospitalized at the Regional Psychiatric Hospitals (**ADAMHS/CMH only**);
- b. Adults with severe mental disability (SMD) and children and Youths with serious emotional disturbances (SED) living in the community (**ADAMHS/CMH only**);
- c. Individuals receiving general outpatient community mental health services (**ADAMHS/CMH only**);
- d. Availability of crisis services to persons without Medicaid and/or other insurance. (**ADAMH/CMH only**)
- e. Adults, children and adolescents who abuse or are addicted to alcohol or other drugs (**ADAMHS/ADAS only**)
- f. Children and Families receiving services through a Family and Children First Council;
- g. Persons with substance abuse and mental illness (SA/MI); and
- h. Individuals involved in the criminal justice system (both adults and children)
- i. Veterans, including the National Guard, from the Iraq and Afghanistan conflicts

Assessment of Capacity to Provide Behavioral Health Care Services Must Include the Following:

1. Access to Services

- a) *Identify the major issues or concerns for individuals attempting to access behavioral health prevention and treatment services in the Board area. In this response please include, when applicable, issues that may exist for clients who are deaf or hard of hearing, veterans, ex-offenders, and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.*
- b) *Please discuss how the Board plans to address any gaps in the crisis care services indicated by ORC 5122-29-10(B). (ADAMHS/CMH only);*
- c) *Please discuss how the Board identified and prioritized training needs for personnel providing crisis intervention services, and how the Board plans to address those needs in SFY 2012-13. (ADAMHS/CMH only);*

2. Workforce Development and Cultural Competence*

- a) *Describe the Board's current role in working with the ODMH, ODADAS and providers to attract, retain and develop qualified direct service staff for the provision of behavioral health services. Does the local service system have sufficient qualified licensed and credentialed staff to meet its service delivery needs for behavioral health services? If "no", identify the areas of concern and workforce development needs.*

Cultural Competence is a set of attitudes, skills, behaviors, and policies that enable organizations (e.g., Boards and Providers) and staff to work effectively in cross-cultural situations (*see Appendix C for ODMH definition).

- b) *Describe the Board's current activities, strategies, successes and challenges in building a local system of care that is culturally competent: Please include in this response any workforce development and cultural competence issues, when applicable, related to serving the deaf and hard of hearing population, veterans, ex-offenders, and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.*

3. Capital Improvements

- a) *For the Board's local behavioral health service system, identify the Board's capital (construction and/or renovation) needs.*

Section III: Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

Background and Instructions for Completing Section III of the Plan

Use the Community Plan Template to respond to each item described below. This section of the Plan requires Boards to describe how priorities were determined, and identify goals and objectives based on the needs assessment. **Priorities, goals, and objectives should be based on the needs assessment and a realistic appraisal of available resources.** Assume a flat budget. Department priorities and goals are identified below for system capacity, prevention and treatment and recovery services.

Boards are expected to align with Department priorities and goals and demonstrate that the Board's efforts are making a contribution to the achievement or success of at least one each of the Department capacity, prevention and treatment and recovery services goals through funding, activities, or outcomes. Boards may also identify additional priorities and goals determined locally.

DEPARTMENT CAPACITY GOALS

Capacity development goals refer to infrastructure development goals that improve the system's efficiency and effectiveness in providing access to services.

Behavioral Health Capacity Goals

- Reduce stigma (e.g., advocacy efforts)
- Mental Illness and Addiction are recognized as legitimate health care issues with an appropriate and necessary continuum of care that includes prevention/intervention and treatment and recovery services
- An accessible, effective, seamless prevention/intervention, treatment and recovery services continuum from childhood through adulthood
- A highly effective workforce
- Use a diversity of revenue sources to support Ohio's behavioral health system (e.g., apply for foundation and SAMHSA discretionary grants)
- Promote and sustain the use of "evidenced-based" policies, practices, strategies, supportive housing, peer support, and other programs
- Increase the use of data to make informed decisions about planning and investment
- Promote integration of behavioral healthcare and other physical health services
- Maintain access to services to all age, ethnic, racial, and gender categories as well as geographic areas of the state
- Improve cultural competence of behavioral health system

- Maintain access to crisis services for persons with SPMI, SMD, and SED regardless of ability to pay
- Decrease nursing facility admissions and increase consumer choice consistent with Olmstead recommendations and the Unified Long Term Care Budget
- Adult and family of youth consumers report that they are satisfied with the quality of their care and participate in treatment planning
- Increase hiring of peers
- Increase access to web-based training systems
- Increase availability of professionals through HPSA in areas with shortages
- Increase the availability of school-based behavioral health services
- Increase availability of trauma-informed and trauma-focused care

DEPARTMENT PREVENTION PRIORITIES AND GOALS

Prevention Goals should address the Board’s priorities and project the level of change in condition or behavior for individuals, families, target groups, systems and/or communities. They should be related to the priority populations or initiatives identified above. Both AOD and MH Prevention targets may span the entire life cycle and do not need to be limited to addressing children and youth populations.

Alcohol and Other Drug Prevention Priorities:

Key ODADAS prevention initiatives include:

- Fetal Alcohol Spectrum Disorder
- Childhood/Underage Drinking
- Youth-Led Prevention
- Evidenced-Based Practice
- Stigma Reduction

ODADAS Priority Populations:

- AOD prevention is conceptualized in terms of lifespan. ODADAS is committed to meeting the prevention needs of individuals and families over the lifespan for all populations, and to the promotion of safe and healthy communities.

Mental Health Prevention Priorities:

Key ODMH Prevention, Consultation & Education (PC&E) initiatives include:

- Suicide Prevention
- Depression Screenings, including Maternal Depression Screenings
- Early Intervention programs
- Faith-based and culturally specific initiatives

DRAFT Community Plan Guidelines for SFY 2012 – 2013 August 25, 2010 (COMPRO Draft)

- School-based mental health services/programs
- Stigma Reduction activities
- Crisis Intervention Training (CIT) and other Jail Diversion Activities

ODMH Priority Populations include:

- Adults with SMD*
- Children/youth with SED*
- Youth and Young Adults in Transition
- Older Adults
- Deaf and Hard of Hearing
- Military Personnel/Veterans
- Individuals involved in the criminal justice system including juvenile justice and Forensic clients
- Individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility
- Individuals involved in the child welfare system

*The definition of serious emotional disturbance (SED) for children and youth and severe mental disability (SMD) for adults, which are based upon a combination of duration of impairment, intensity of impairment and diagnosis, are found in Ohio Administrative Code (OAC), 5122-24-01, "Certification definitions." These definitions historically had been used by ODMH in the distribution of funds to Boards. In SFY 2000 the use of these definitions for funding ended, and the definitions remain in OAC as a guide to Boards to delimit priority populations in the planning and delivery of services. These definitions should not be confused with an algorithm (based on post hoc determinations of intensity of services, age and diagnoses) used within MACSIS for ODMH to satisfy SAMHSA reporting requirements. However, if Boards have not developed an independent means of determining the SMD/SED status of individual consumers, they may confidently rely upon the aggregate SMD/SED determinations found within the MACSIS Data Mart. Aggregate SMD/SED determinations are made within MACSIS by the November following the end of the state fiscal year.

Alcohol and Other Drug Prevention Goals:

- Programs that increase the number of customers who avoid ATOD use and perceive non-use as the norm;
- Programs that increase the number of customers who perceive ATOD use as harmful;
- Programs that increase the number of customers who experience positive family management;
- Programs that increase the number of customers who demonstrate school bonding and educational commitment;
- Programs that increase the number of initiatives that demonstrate an impact on community laws and norms; and
- Programs that reduce the number of customers who misuse prescription and/or over-the-counter medications.

Mental Health Prevention Goals:

The following mental health prevention goals are the new direction set by SAMHSA as cited by Pamela Hyde, Administrator of SAMHSA, in a June 23, 2010 key note address to the National

(Mental Health Block) Grantee Conference. These prevention goals are more fully described in “Preventing Mental, Emotional and Behavioral Disorders Among Young People: Brief Report for Policy Makers,” Institute of Medicine, March 2009, but in brief include:

- Strengthen families by targeting problems, teaching effective parenting and communication skills, and helping families deal with disruptions (such as divorce) or adversities such as parental mental illness or poverty.
- Strengthen individuals by building resilience and skills and improving cognitive processes and behaviors.
- Prevent specific disorders, such as anxiety or depression, by screening individuals at risk and offering cognitive or other preventative training (e.g. Red Flags).
- Promote mental health in schools by offering support to children encountering serious stresses, modify the school environment to promote pro-social behavior; develop students’ skills at decision making, self-awareness, and conducting relationships; and target violence, aggressive behavior and substance use.
- Promote mental health through health care and community programs by promoting and supporting pro-social behavior, and emotional health, such as sleep, diet, activity and physical fitness.
- Programs that promote mental health and wellness for adults, especially for those with occurring chronic health conditions (e.g. cardio-vascular disease, diabetes). Programs that increase the number of persons that receive mental health screenings, brief intervention, referrals and treatment;
- Programs that decrease or eliminate stigma that are barriers to early intervention for emotional problems and mental illness; and
- Suicide prevention coalitions that promote development of community resources to reduce suicide attempts.
- Programs that provide screening and early intervention to older adults (e.g. Healthy IDEAS).

DEPARTMENT TREATMENT AND RECOVERY SERVICES PRIORITIES AND GOALS

Alcohol and Other Drug Priority Populations and Key Initiatives

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. ODADAS is involved in several key initiatives directed at deaf and hard of hearing, veterans, and criminal justice involved clients.

Mental Health Priorities

Please refer to Appendix C for definitions relevant to the criteria individuals must meet in order to be authorized to receive Medicaid-covered Community Mental Health Services in excess of the stated limits (Definitions of SMI, SPMI and SED).

ODADAS Treatment and Recovery Services Goals

- Increase the number of customers who are abstinent at the completion of the program.
- Increase the number of customers who are gainfully employed at the completion of the program.
- Increase the number of customers who incur no new arrests at the completion of the program.
- Increase the number of customers who live in safe, stable, permanent housing at the completion of the program
- Increase the number of customers who participate in self-help and social support groups at the completion of the program.

ODMH Treatment and Recovery Support Goals

- Increase the number of consumers reporting positively about social connectedness and functioning.
- Increase competitive employment.
- Decrease school suspensions & expulsions.
- Decrease criminal and juvenile justice involvement.
- Increase Access to Housing, including Supportive Housing
- Decrease homelessness.

Process the Board used to determine prevention, treatment and capacity priorities

Identify the Board's priorities for capacity, prevention, and treatment and recovery services.

Describe the process utilized by the Board to determine its capacity, prevention, and treatment and recovery services priorities for SFY 2012 – 2013. In other words, how did the Board decide the most important areas in which to invest their resources?

Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

Based upon the priorities listed above and available resources, identify the Board's behavioral health capacity, prevention, and treatment and recovery support goals and objectives for SFY 2012—2013.

When addressing capacity goals and objectives please address the following:

Access to Services

What are the Board's goals and objectives for addressing access issues for behavioral health services identified in the previous section of the Plan?

Workforce Development and Cultural Competence

What are the Board's goals and objectives for SFY 2012 and 2013 to foster workforce development and increase cultural competence? Please discuss the areas of most salience or strategic importance to your system. What are the Board's plans for SFY 2012 and 2013 to identify, increase and assess cultural competence in the following areas: Consumer satisfaction with services and staff, staff recruitment (including persons in recovery) staff training, and addressing disparities in access and treatment outcomes. Please reference Appendix C for ODMH definition of cultural competence.

When addressing treatment and recovery services goals for ODADAS, please address the following:

ORC 340.033(H) (HB 484) Goals

To improve accountability and clarity related to H.B. 484 programming, ADAMHS and ADAS Boards are required to develop a specific goals and objectives related to this allocation.

HIV Early Intervention Goals

ADAMHS and ADAS Boards receiving a special allocation for HIV Early Intervention Services need to develop a goal with measurable objective(s) related to this allocation.

Implications of Behavioral Health Priorities to Other Systems

What are the implications to other systems of needs that have not been addressed in the Board's prioritization process?

Contingency Plan: Implications for Priorities and Goals in the event of a reduction in state funding

Describe how priorities and goals will change in the event of a reduction in state funding of 10 percent of the Board's current annual allocation (reduction in number of people served,

reduction in volume of services, types of services reduced, impact on monitoring and evaluation etc). Please identify how this reduction in services affects specific populations such as minorities, veterans and “high-risk” groups.

Section IV: Collaboration

Background and Instructions for Completing Section IV of the Plan

Use the Community Plan Template to respond to each item described below.

To develop an efficient, comprehensive prevention and treatment service system, maximize resources and improve customer outcomes, it is essential for Boards to interact, coordinate and collaborate with provider agencies and a wide variety of other service systems and community entities some of which are statutorily required (e.g., County Family Planning Committee, Public Children’s Service Agency, Family and Children First Council, criminal and juvenile justice, clients/customers, the general public, and county commissioners.) Description of collaborations and key partnerships should also include alcohol and other drugs/mental health, mental health/mental retardation, mental health and other physical health, schools, and faith-based and other community organizations and community coalitions.

Key collaborations and related benefits and results

What systems or entities did the Board collaborate with and what benefits/results were derived from that intersystem collaboration? ADAMHS and CMH Boards should include discussion regarding the relationship between the Board and private hospitals.

Involvement of customers and general public in the planning process

Beyond regular Board/committee membership, how has the Board involved customers and the general public in the planning process (including needs assessment, prioritization, planning, evaluation and implementation)?

Regional Psychiatric Hospital Continuity of Care Agreements

ADAMHS/CMH Boards Only: *To ensure a seamless process to access and improve continuity of care in the admissions, treatment and discharge between state hospitals and community mental health providers, describe how Continuity of Care Agreements have been implemented and indicate when and how training was provided to pre-screening agency staff. Please indicate the number of system staff on the Continuity of Care Agreements.*

Consultation with county commissioners regarding services for individuals involved in the child welfare system

ADAMHS/ADAS Boards Only: Describe the Board's consultation with county commissioners regarding services for individuals involved in the child welfare system and identify monies the Board and county commissioners have available to fund the services jointly as required under Section 340.033(H) of the ORC (commonly referred to as H.B. 484).

Section V: Evaluation of the Community Plan

Background and Instructions for Completing Section V of the Plan

Use the Community Plan Template to respond to the following item:

Ensuring an effective and efficient system of care with high quality

Briefly describe the Board's current evaluation focus in terms of a success and a challenge (other than funding cuts) in meeting the requirements of ORC 340.03(A)(4). Please reference evaluation criteria found in Appendix B with regard to your discussion of successes and challenges with measuring quality, effectiveness and efficiency. Note: An inability to audit services funded by Medicaid does not preclude examination and appraisal (evaluation) of those services in terms of their quality, effectiveness and efficiency.

Determining Success of the Community Plan for SFY 2012-2013

Based upon the Capacity, Prevention Services and Treatment and Recovery Services Goals and Objectives identified in this Plan, how will the Board measure success in achieving those goals and objectives? Identify indicators and/or measures that the Board will report on to demonstrate progress in achieving each of the goals identified in the Plan.

- a. How will the Board engage contract agencies and the community in evaluation of the Community Plan for behavioral care prevention and treatment services*
- b. What milestones or indicators will be identified to enable the Board and its key stakeholders to track progress toward achieving goals?*
- c. What methods will the Board employ to communicate progress toward achievement of goals?*

INSTRUCTIONS TO COMPLETE PORTFOLIO OF PROVIDERS:

Table 1: Portfolio of Alcohol and Drug Services Providers Instructions

Identify the Board's current portfolio of providers within its local alcohol and drug service system, including both prevention and treatment providers. Please include all programs in which the Board invests public dollars including all Medicaid-only contract providers as well as programs grant-funded by ODADAS. Please include the following specific information within each level of care (the matrix to be completed appears on page 54): a) provider name; b. provider specific program name; c. population served; d. for prevention programs the prevention level of universal, selected or indicated; e. identification of evidence-based practices; f. number of sites; g. whether the program or any of the sites are located outside of the Board area; h, the funding source; and i. the MACSIS UPI.

Table 2: Portfolio of Mental Health Services Providers Using EBP Instructions

Identify the Board's current portfolio of providers using EBPs within its local mental health service system. Please include all programs in which the Board invests public dollars including all Medicaid-only contract providers. Please include the following specific information within the matrix (the matrix to be completed appears on page 55): provider name; MACSIS UPI; number of sites; program name; funding source; estimated number of clients served in SFY 2011; and estimated number of clients served in SFY 2012.

Evidence-Based Programs Defined:

Alcohol and Other Drug Prevention

Alcohol and other drug prevention defines Evidenced Based Prevention to mean the prevention policies, strategies, programs and practices are consistent with prevention principles found through research to be fundamental in the delivery of prevention services; the prevention policies, strategies, programs and practices have been identified through research to be effective; the service delivery system utilizes evaluation of its policies, strategies, programs and practices to determine effectiveness; and the service delivery system utilizes evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve outcomes.

Alcohol and Other Drug and Mental Health Treatment

ODADAS and ODMH have engaged work groups to address definitions and use of promising, best and evidence-based practices. The diligent work of various groups and committees is in various stages of development, including documents in the form of recommendations to one or both Departments. To the extent that these efforts are a work in progress and recommendations may not have been acted upon as of this date, the Departments will use the following SAMHSA definition of EBPs for the purposes of these guidelines:

A program, policy strategy or practice that has met any of the following criteria: a) has appeared in a peer journal and has demonstrated effectiveness, b) is current on at least one federal government approved list of programs (e.g., SAMHSA's National Registry of Evidence-Based Programs, or NREPP), c) data demonstrates that the program, policy, strategy or practice is evidence-based. That is, the implementing organization uses an outcomes system which is data driven and outcomes focused resulting in an ability to demonstrate program impact towards outcomes.

APPENDIX A:

Definitions of Prevention

Prevention Defined—Alcohol and Other Drug Specific

Alcohol and other drug prevention focuses on preventing the onset of AOD use, abuse and addiction. AOD prevention includes addressing problems associated with AOD use and abuse up to, but not including assessment and treatment for substance abuse and dependence. AOD prevention is a proactive multifaceted, multi-community sector process involving a continuum of culturally appropriate prevention services which empowers individuals, families and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that impact physical, social, emotional, spiritual, and cognitive well-being and promote safe and healthy behaviors and lifestyles. AOD prevention is a comprehensive planned sequence of activities that, through the practice and application of evidence based prevention principles, policies, practices, strategies and programs, is intended to inform, educate, develop skills, alter risk behaviors, affect environmental factors and/or provide referrals to other services.

- **Universal Prevention Services:** Services target everyone regardless of level of risk before there is an indication of an AOD problem;
- **Selected Prevention Services:** Services target persons or groups that can be identified as "at risk" for developing an AOD problem;
- **Indicated Prevention Services:** Services target individuals identified as experiencing problem behavior related to alcohol and other drug use to prevent the progression of the problem. These services do not include clinical assessment and/or treatment for substance abuse and dependence.

The term Alcohol and Other Drugs (AOD) includes, but is not limited to the following drugs of abuse - alcohol, tobacco, illicit drugs, inhalants, prescription and over-the-counter medications.

Culturally appropriate means the service delivery systems respond to the needs of the community being served as defined by the community and demonstrated through needs assessment activities, capacity development efforts, policy, strategy and prevention practice implementation, program implementation, evaluation, quality improvement and sustainability activities.

Evidenced Based Prevention means the prevention policies, strategies, programs and practices are consistent with prevention principles found through research to be fundamental in the delivery of prevention services; the prevention policies, strategies, programs and practices have been identified through research to be effective; the service delivery system utilizes evaluation of its policies, strategies, programs and practices to determine effectiveness; and the service delivery system utilizes evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve outcomes.

Prevention Service Delivery Strategies

Information Dissemination is an AOD prevention strategy that focuses on building awareness and knowledge of the nature and extent of alcohol and other drug use, abuse and addiction and the effects on individuals, families and communities, as well as the dissemination of information about prevention, treatment and recovery support services, programs and resources. This strategy is characterized by one-way communication from source to audience, with limited contact between the two.

Alternatives are AOD prevention strategies that focus on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, recreational, cultural and community service/volunteer activities that appeal to youth and adults.

Education is an AOD prevention strategy that focuses on the delivery of services to target audiences with the intent of affecting knowledge, attitude and/or behavior. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Activities affect critical life and social skills including decision making, refusal skills, critical analysis and systematic judgment abilities.

Community-Based Process is an AOD prevention strategy that focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking.

Environmental prevention is an AOD prevention strategy that represents a broad range of activities geared toward modifying systems in order to mainstream prevention through policy and law. The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of alcohol and other drug use/abuse in the general population.

Problem Identification and Referral is an AOD prevention strategy that refers to intervention oriented prevention services that primarily targets indicated populations to address the earliest indications of an AOD problem. Services by this strategy focus on preventing the progression of the problem. This strategy does not include clinical assessment and/or treatment for substance abuse and dependence.

Prevention Defined—Mental Health Specific

Mental Health Prevention, Consultation & Education (PC&E) Services:

Mental Health Prevention service means actions oriented either toward reducing the incidence, prevalence, or severity of specific types of mental disabilities or emotional disturbances; or actions oriented toward population groups with multiple service needs and systems that have been identified through recognized needs assessment techniques. Prevention service may include but is not limited to the following: competency skills building, stress management, self-esteem building, mental health promotion, life-style management and ways in which community systems can meet the needs of their citizens more effectively.

Mental Health Consultation service means a formal and systematic information exchange between an agency and a person other than a client, which is directed towards the development and improvement of individualized service plans and/or techniques involved in the delivery of mental health services. Consultation service can also be delivered to a system (e.g., school or workplace) in order to ameliorate conditions that adversely affect mental health. Consultation services shall be provided according to priorities established to produce the greatest benefit in meeting the mental health needs of the community. Priority systems include schools, law enforcement agencies, jails, courts, human services, hospitals, emergency service providers, and other systems involved concurrently with persons served in the mental health system. Consultation may be focused on the clinical condition of a person served by another system or focused on the functioning and dynamics of another system.

Mental Health Education service means formal educational presentations made to individuals or groups that are designed to increase community knowledge of and to change attitudes and behaviors associated with mental health problems, needs and services. Mental health education service shall:

- Focus on educating the community about the nature and composition of a community support program;
- Be designed to reduce stigma toward persons with severe mental disability or serious emotional disturbances, and may include the use of the media such as newspapers, television, or radio; and
- Focus on issues that affect the population served or populations identified as unserved or underserved by the agency.

Prevention Service Categories by Population Served:

- **Universal Prevention Services:** Services target everyone regardless of level of risk before there is an indication of a mental health problem or mental illness;
- **Selected Prevention Services:** Services target persons or groups that can be identified as "at risk" for developing a mental health problem or mental illness; and
- **Indicated Prevention Services:** Services target individuals identified as experiencing a mental health problem to prevent the progression of the problem. These services do not include clinical assessment and/or treatment for mental health problems or mental illness.

APPENDIX B:

Definitions and Evaluation Criteria for Completing Section V Community Plan Evaluation

A. Definitions

1. Cost Analysis: Measurement and analysis of expenditures incurred by Boards related to the purchase of alcohol, drug addiction and mental health services pursuant to the Community Plan. Can be operationalized by costs accounted through MACSIS.
2. Cost effectiveness: This measure is defined as the ratio of cost to non-monetary units, and is used when both outcomes and costs are expected to vary. Can be operationalized by measuring cost as identified in state or local data systems (MACSIS, PCS, OHBH, etc.).
3. Cost efficiency: This analysis is used when differing services are known to produce the same outcome, and therefore the intent is to find the lowest cost way of producing the outcome. Can be operationalized by measuring cost as identified in state or local data systems (MACSIS, PCS, OHBH, etc). The difference between cost-effectiveness and cost-efficiency is that to use cost-efficiency, the outcomes-equivalence of various programs must be first established.
4. Community acceptance: Primary constituents' assessment of and satisfaction with services offered by the alcohol, drug and/or mental health providers and with the Board planning process. Primary constituents are comprised of consumers, families, other organizations and/or systems (particularly major referral sources such as schools, justice, public welfare, etc). For example, community acceptance may be assessed every two years through a survey of relevant planning and administrative organizations to determine the acceptability of the Board's planning and coordinating efforts among these organizations. Patterns of client referrals to provider organizations from schools, justice, public welfare, etc., may be analyzed on an annual basis to determine level of acceptance.
5. Consumer outcomes: Indicators of health or well-being for an individual or family as measured by statements or observed characteristics of the consumer/family, not characteristics of the system. These measures provide an overall status measure with which to better understand the life situation of a consumer or family.
6. Community Plan: The plan for providing mental health services as developed by a Board and approved by the ODMH in accordance with section [340.03](#) of the Revised Code and for providing alcohol and other drug prevention and treatment services as

developed by a Board and approved by ODADAS in accordance with section 340.033 of the Revised Code.

7. Criterion: A standard upon which a judgment is based. This is currently not used.
8. Cultural relevance: Quality of care that responds effectively to the values present in all cultures.
9. Effectiveness: The extent to which services achieve desired improvements in the health or well being for an individual or family. (See cost-effectiveness.)
10. Efficiency: Accomplishment of a desired result with the least possible exertion/expense/waste. (See cost efficiency.)
11. Evaluation: A set of procedures to appraise the benefits of a program/service /provider/system and to provide information about its goals, expectations, activities, outcomes, community impacts and costs.
12. Patterns of service use: The analysis of relevant characteristics of persons in alcohol, drug addiction or mental health treatment compared with relevant characteristics of services received to determine who is receiving what level of service, and how those levels of service may appropriately differ among agencies. This information, when compared to persons who are not in treatment (e.g., persons on waiting lists, Census data, prevalence/incidence data, etc), is the basis for accurate needs assessment, utilization review and other determinations of appropriate service delivery. A calculation of certified community services by unit of analysis and time period can be conducted via the Claims Data Mart.¹
13. Quality: The degree of conformity with accepted principles and practices (standards), the degree of fitness for the person's needs, and the degree of attainment of achievable outcomes (results), consonant with the appropriate allocation or use of resources.

¹ <http://macsisdatamart.mh.state.oh.us/default.html>

B. Evaluation Criteria

Boards should utilize the following criteria to assess the quality, effectiveness and efficiency of services paid for by a Board in whole or in part with public funds and provided pursuant to the Community Plan.

1. Measurement and analysis of the patterns of service use in the Board area, including amounts and types of services by important client demographic and diagnostic characteristics and provider agency(ies) of the service district.
2. Measurement and analysis of the cost of services delivered in the service district by unit of service, service pattern, client characteristics and provider agency.
3. Measurement and analysis of the levels of consumer outcomes achieved by clients in the service district, by service patterns, client characteristics and provider agency.
4. Measurement and analysis of the cost-effectiveness and cost efficiency of services delivered in the service district, by service pattern, client characteristic and provider agency.
5. Measurement and analysis of the level of community acceptance of services offered by the alcohol and other drug and mental health providers and with the Board planning process.
6. Other measurements and analyses of quality, effectiveness and efficiency of services as agreed upon among ODMH, ODADAS and one or more Boards.

C. Evaluation Data

Data necessary to perform analyses required under these guidelines should include but not be limited to client specific data related to services and costs, characteristics of persons served, and outcomes collected pursuant to ORC 5119.61(G), 5119.61(H) and OAC 5122-28-04.

D. Criteria for Data Quality

The measures and analyses employed by a Board to review and evaluate quality, effectiveness and efficiency should comply with generally accepted methodological and analytical standards in the field of program evaluation.

APPENDIX C:

Definitions of SMI, SPMI, SED and Cultural Competence

❖ Adult with Serious Mental Illness (SMI)

- I. Must be eighteen (18) years of age or older; and
- II. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses, unless these conditions co-occur with another diagnosable mental or emotional disorder:
 - Developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders, and communication disorders)
 - Substance-related disorders
 - Conditions or problems classified in DSM-IV-TR as “other conditions that may be a focus of clinical attention” (V codes)
 - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium sleep disorders; and
- III. Treatment history covers the client’s lifetime treatment for the DSM IV-TR diagnoses other than those listed as “exclusionary diagnoses” specified in Section II and meets one of the following criteria:
 - Continuous treatment of six (6) months or more, or a combination of the following treatment modalities: inpatient psychiatric treatment, partial hospitalization or six (6) months continuous residence in a residential program (e.g. supervised residential treatment program or supervised group home); or
 - Two or more admissions of any duration to inpatient psychiatric treatment, partial hospitalization or residential programming within the most recent twelve (12) month period; or
 - A history of using two or more of the following services over the most recent twelve (12) month period continuously or intermittently (this includes consideration of a person who received care in a correctional setting): psychotropic medication management, behavioral health counseling, CPST, crisis intervention; or
 - Previous treatment in an outpatient service for at least six (6) months and a history of at least two (2) mental health psychiatric hospitalizations; or
 - In the absence of treatment history, the duration of the mental disorder is expected to be present for at least six (6) months.

- IV. Individuals with Global Assessment of Functioning Scale (GAF) ratings between 40 and 60 (mid-range level of care need, tier 2). Clinician discretion may be used in determining into which tier an individual with a GAF rating of 40-50 (either tier 1 or tier 2) should be placed.

❖ Adult with Serious and Persistent Mental Illness (SPMI)

- I. Must be eighteen (18) years of age or older; and
- II. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses, unless these conditions co-occur with another diagnosable mental or emotional disorder:
- Developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders, and communication disorders)
 - Substance-related disorders
 - Conditions or problems classified in DSM-IV-TR as “other conditions that may be a focus of clinical attention” (V codes)
 - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium sleep disorders; and
- III. Treatment history covers the client’s lifetime treatment for the DSM IV-TR diagnoses other than those listed as “exclusionary diagnoses” specified in Section II and meets one of the following criteria:
- Continuous treatment of twelve (12) months or more, or a combination of the following treatment modalities: inpatient psychiatric treatment, partial hospitalization or twelve (12) months continuous residence in a residential program (e.g. supervised residential treatment program or supervised group home); or
 - Two or more admissions of any duration to inpatient psychiatric treatment, partial hospitalization or residential programming within the most recent twelve (12) month period; or
 - A history of using two or more of the following services over the most recent twelve (12) month period continuously or intermittently (this includes consideration of a person who received care in a correctional setting): psychotropic medication management, behavioral health counseling, CPST, crisis intervention; or
 - Previous treatment in an outpatient service for at least twelve (12) months and a history of at least two (2) mental health psychiatric hospitalizations; or
 - In the absence of treatment history, the duration of the mental disorder is

expected to be present for at least twelve (12) months.

- IV. Individuals with Global Assessment of Functioning Scale (GAF) ratings of 50 or below (highest level of care need, tier 1). Clinician discretion may be used in determining into which tier an individual with a GAF rating of 40-50 (either tier 1 or tier 2) should be placed.

❖ Child or Adolescent with Serious Emotional Disturbance (SED)

- I. Zero (0) years of age through seventeen (17) years of age (youth aged 18-21 who are enrolled in high school, in Department of Youth Services or Children Services custody or when it is otherwise developmentally/clinically indicated may be served to assist with transitioning to adult services), and
- II. Individuals with any DSM-IV-TR diagnosis, except developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders), substance-related disorders, or conditions or problems classified in DSM-IV-TR as “other conditions that may be a focus of clinical attention” (V codes) unless these conditions co-occur with another diagnosable mental or emotional disorder, and
- III. Assessment of impaired functioning at age appropriate levels and difficulty with age appropriate role performance with a Global Assessment of Functioning Scale (GAF) score below 60. Clinical discretion may be used to place individuals with GAF scores between 50 and 60 in a lower intensity of services (Mental/Emotional Disorder), and
- IV. Duration of the mental health disorder has persisted or is expected to be present for six (6) months or longer.

❖ Child, Adolescent, or Adult that does not meet the aforementioned criteria but for whom additional services are medically necessary and documentation contained in the client’s record supports:

- There is reasonably calculated probability of continued improvement in the client’s condition if the requested healthcare service is extended and there is reasonably calculated probability the client’s condition will worsen if the requested healthcare service is not extended.

❖ Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

APPENDIX D:

COMMUNITY PLAN REVIEW CRITERIA

The following criteria and process will be used to review and evaluate Community Plans that are complete.

The evaluation is divided into seven sections, including Legislative and Environmental Context of the Community Plan, Needs Assessment, Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services, Collaboration, Evaluation, ODADAS Service Waivers and Portfolios of Mental Health and Alcohol and Other Drug Services.

Individual Plans will be evaluated through a process of group review. Generalist staff from ODADAS and ODMH will participate in several work groups, each charged with evaluating a portion of the 50 Plans. Individuals in each group will independently read and evaluate the Plans, then come together to discuss the rationale for their evaluation and reach a consensus on a final evaluation. Comments will provide an explanation for the final evaluation in each section.

All sections and subsections of the Plan will need to be evaluated at least "adequate" for the Plan to be recommended for approval. Sections and subsections evaluated as "complete and thorough" will be considered for commendation. Written feedback will be provided to Boards regarding final evaluations and reviewer comments. Evaluations and comments will not be publicized but will be a public document that is available upon request.

A "disapproval" designation will be given to any section or subsection that is not evaluated as "adequate" and the Board will have an opportunity to revise and resubmit the Plan. Since the Plan is considered an application for funds from ODADAS and ODMH, financial consequences may result if the Plan is not approved, since eligibility for state and federal funding is contingent upon an approved Plan or relevant part of a Plan, (See ORC 340.033(A)(3) and 340.03 (A)(1)(c)).

Section: Signature Page

Two Copies of Signature Page Received: _____ Yes (A Plan cannot be approved without completed signature page)

Section I: Legislative and Environmental Context of the Community Plan

Sub-Section II. Environmental Context for the Community Plan

Questions (#1 a through c).Regarding: Economic Conditions and the Delivery of Behavioral Health Care Services

<i>Discuss how economic conditions, including employment and poverty levels, are expected to affect local service delivery. Include in this discussion the impact of recent budget cuts and reduced local resources on service delivery.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Implications of Health Care Reform on Behavioral Health Services

<i>Based upon what is known to date, discuss implications of recently enacted health care reform legislation on the Board's system of care</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area

<i>Discuss the change in social and demographic factors in the Board area that will influence service delivery. This response should include a description of the characteristics of customers/clients currently served including recent trends such as changes in services and populations for behavioral health prevention, treatment and recovery services.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Sub-Section III. Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community Plan

Question Regarding: Major Achievements

<i>Describe major achievements.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Unrealized Goals

<i>Describe significant unrealized goals and <u>briefly</u> describe the barriers to achieving them.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Section II: Needs Assessment

Sub-Section: Process the Board used to assess behavioral health needs

<i>Describe the <u>process</u> the Board utilized to determine its current behavioral healthcare needs including data sources and types, methodology, time frames and stakeholders involved</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Sub-Section: Findings of the needs assessment

<i>Describe the <u>findings</u> of the needs assessment identified through quantitative and qualitative sources.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Sub-Section: Assessment of Capacity to Provide Behavioral Health Care Services Must Include the Following:

Question (#1a) Regarding: Access to Services

<i>Identify the major issues or concerns for individuals attempting to access behavioral health prevention and treatment services in the Board area. In this response please include, when applicable, issues that may exist for clients who are deaf or hard of hearing, veterans, ex-offenders, and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (#1b) Regarding: Access to Services

<i>Please discuss how the Board plans to address any gaps in the crisis care services indicated by ORC 5122-29-10(B). (ADAMHS/CMH only)</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (#1c) Regarding: Access to Services

<p><i>Please discuss how the Board identified and prioritized training needs for personnel providing crisis intervention services, and how the Board plans to address those needs in SFY 2012-13. (ADAMHS/CMH only)</i></p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (#2a) Regarding: Workforce Development and Cultural Competence

<p><i>Describe the Board's current role in working with the ODMH, ODADAS and providers to attract, retain and develop qualified direct service staff for the provision of behavioral health services. Does the local service system have sufficient qualified licensed and credentialed staff to meet its service delivery needs for behavioral health services? If "no", identify the areas of concern and workforce development needs.</i></p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (#2b) Regarding: Workforce Development and Cultural Competence

<p><i>Describe the Board's current activities, strategies, successes and challenges in building a local system of care that is culturally competent: Please include in this response any workforce development and cultural competence issues, when applicable, related to serving the deaf and hard of hearing population, veterans, ex-offenders and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.</i></p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (#3) Regarding: Capital Improvements

<p><i>For the Board's local behavioral health service system, identify the Board's capital (construction and/or renovation) needs.</i></p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Section III: Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

Sub-section: Process the Board Used to Determine Prevention, Treatment and Capacity Priorities

<i>Describe the process utilized by the Board to determine its capacity, prevention, and treatment and recovery services priorities for SFY 2012 – 2013. In other words, how did the Board decide the most important areas in which to invest their resources?</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Sub-section: Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

<i>Based upon the assessment of need, identify the Board’s behavioral health capacity, prevention, and treatment and recovery support goals and objectives for SFY 2012—2013.</i>		
<input type="checkbox"/> No relationship between Needs Assessment and Goals & Objectives , or <input type="checkbox"/> Discontinuities between Needs Assessment and Goals & Objectives	<input type="checkbox"/> Relevant areas of Needs Assessment are adequately addressed in identifying Goals & Objectives	<input type="checkbox"/> There is an outstanding description of the relationship between Needs Assessment and the identification of Goals & Objectives

Sub-section: When addressing capacity goals and objectives please address the following:

Question Regarding: Access to Services

<i>What are the Board’s goals and objectives for addressing access issues for behavioral health services identified in the previous section of the Plan?</i>		
<input type="checkbox"/> No relationship between Needs Assessment and Goals & Objectives , or <input type="checkbox"/> Discontinuities between Needs Assessment and Goals & Objectives	<input type="checkbox"/> Relevant areas of Needs Assessment are adequately addressed in identifying Goals & Objectives	<input type="checkbox"/> There is an outstanding description of the relationship between Needs Assessment and the identification of Goals & Objectives

Question Regarding: Workforce Development and Cultural Competence

<i>What are the Board’s goals and objectives for SFY 2012 and 2013 to foster workforce development and increase cultural competence? Please discuss the areas of most salience or strategic importance to your system. What are the Board’s plans for SFY 2012 and 2013 to identify increase and assess cultural competence in the following areas: Consumer satisfaction with services and staff, staff recruitment, staff training, and addressing disparities in access and treatment outcomes.</i>		
<input type="checkbox"/> No relationship between Needs Assessment and Goals & Objectives , or <input type="checkbox"/> Discontinuities between Needs Assessment and Goals & Objectives	<input type="checkbox"/> Relevant areas of Needs Assessment are adequately addressed in identifying Goals & Objectives	<input type="checkbox"/> There is an outstanding description of the relationship between Needs Assessment and the identification of Goals & Objectives

Sub-section: When addressing treatment and recovery services goals for ODADAS, please address the following:

Question Regarding: ORC 340.033(H) (HB 484) Goals (**ADAMHS and ADAS** Boards)

<i>To improve accountability and clarity related to H.B. 484 programming, ADAMHS and ADAS Boards are required to develop a specific goals and objectives related to this allocation.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: HIV Early Intervention Goals (**ADAMHS and ADAS** Boards)

<i>ADAMHS and ADAS Boards receiving a special allocation for HIV Early Intervention Services need to develop a goal with measurable objective(s) related to this allocation.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Implications of Behavioral Health Priorities to Other Systems

<i>What are the implications to other systems of needs that have not been addressed in the Board's prioritization process?</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Contingency Plan Implications for Priorities and Goals in the event of a reduction in state funding

<i>Describe how priorities and goals will change in the event of a reduction in state funding of 10 percent of the Board's current annual allocation (reduction in number of people served, reduction in volume of services, types of services reduced, impact on monitoring and evaluation etc). Please identify how this reduction in services affects specific populations such as minorities, veterans and "high-risk" groups.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Section IV: Collaboration

Question Regarding: Key collaborations and related benefits and results

<i>What systems or entities did the Board collaborate with and what benefits/results were derived from that intersystem collaboration? ADAMHS and CMH Boards should include discussion regarding the relationship between the Board and private hospitals.</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Involvement of customers and general public in the planning process

<i>Beyond regular Board/committee membership, how has the Board involved customers and the general public in the planning process (including needs assessment, prioritization, planning, evaluation and implementation)?</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Regional Psychiatric Hospital Continuity of Care Agreements

<i>ADAMHS/CMH Boards Only: To ensure a seamless process to access and improve continuity of care in the admissions, treatment and discharge between state hospitals and community mental health providers, describe how Continuity of Care Agreements have been implemented and indicate when and how training was provided to pre-screening agency staff. Please indicate the number of system staff on the Continuity of Care Agreements.</i>		
<input type="checkbox"/> Did not describe any processes used to implement Continuity of Care Agreements, or <input type="checkbox"/> Partial description of processes used to implement Continuity of Care Agreements, but not well documented.	<input type="checkbox"/> Adequate description of processes used to implement Continuity of Care Agreements, including the training of Provider staff and the number of Provider staff trained	<input type="checkbox"/> A success model for implementing Continuity of Care Agreements.

Question Regarding: Consultation with county commissioners regarding services for individuals involved in the child welfare system

<p>ADAMHS/ADAS Boards Only: Describe the Board's consultation with county commissioners regarding services for individuals involved in the child welfare system and identify monies the Board and county commissioners have available to fund the services jointly as required under Section 340.033(H) of the ORC (commonly referred to as H.B. 484)</p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Section V: Evaluation of the Community Plan

Question Regarding: Ensuring and effective and efficient system of care with high quality

<p>Briefly describe the Board's current evaluation focus in terms of a success and a challenge (other than funding cuts) in meeting the requirements of ORC 340.03(A)(4). Please reference evaluation criteria found in Appendix B with regard to your discussion of successes and challenges with measuring quality, effectiveness and efficiency. Note: An inability to audit services funded by Medicaid does not preclude examination and appraisal (evaluation) of those services in terms of their quality, effectiveness and efficiency.</p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question Regarding: Determining Success of the Community Plan for SFY 2012-2013

<p>Based upon the Capacity, Prevention Services and Treatment and Recovery Services Goals and Objectives identified in this Plan, how will the Board measure success in achieving those goals and objectives? Identify indicators and/or measures that the Board will report on to demonstrate progress in achieving each of the goals identified in the Plan.</p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (a) Regarding: Determining Success of the Community Plan for SFY 2012-2013

<p>How will the Board engage contract agencies and the community in evaluation of the Community Plan for behavioral care prevention and treatment services</p>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (b) Regarding: Determining Success of the Community Plan for SFY 2012-2013

<i>What milestones or indicators will be identified to enable the Board and its key stakeholders track progress toward achieving goals?</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Question (c) Regarding: Determining Success of the Community Plan for SFY 2012-2013

<i>What methods will the Board employ to communicate progress toward achievement of goals?</i>		
<input type="checkbox"/> Minimal description, much missing information., or <input type="checkbox"/> Partial description but significant omissions.	<input type="checkbox"/> Adequate description, relevant areas addressed (i.e., complete documentation).	<input type="checkbox"/> An outstanding description (i.e., outstanding clarity, organization and documentation).

Section: ODADAS Waivers

Was an ODADAS Waiver Requested for:

Generic Services _____ Yes _____ No
 Inpatient Hospital Rehab Services _____ Yes _____ No

Section: Template for Submitting the Community Plan

Sub-Section: Table 1: Portfolio of Alcohol and Drug Services Providers Instructions

<i>Identify the Board’s current portfolio of providers within its local alcohol and drug service system, including both prevention and treatment providers. Please include all programs in which the Board invests public dollars including all Medicaid-only contract providers as well as programs grant-funded by ODADAS. Please include the following specific information within each level of care (the matrix to be completed appears on page 34): a) provider name; b. provider specific program name; c. population served; d. for prevention programs the prevention level of universal, selected or indicated; e. identification of evidence-based practices; f. number of sites; g. whether the program or any of the sites are located outside of the Board area; h. the funding source; and i. the MACSIS UPI.</i>	
<input type="checkbox"/> Not Completed	<input type="checkbox"/> Completed

Sub-Section: Table 2: Portfolio of Mental Health Services Providers Using EBP Instructions

<p><i>Identify the Board's current portfolio of providers using EBPs within its local mental health service system. Please include all programs in which the Board invests public dollars including all Medicaid-only contract providers. Please include the following specific information within the matrix (the matrix to be completed appears on page 35): provider name; MACSIS UPI; number of sites; program name; funding source; estimated number of clients served in SFY 2011; and estimated number of clients served in SFY 2012.</i></p>	
<input type="checkbox"/> Not Completed	<input type="checkbox"/> Completed

Summary Comments (Including overall strengths of the Plan, aspects of the Plan that could be improved, recommendations for technical assistance):

Review Team Recommendation:

Recommend Plan Approval: _____ Date: _____

Recommend Plan Approval with Corrective Action: _____ Date: _____

Specify Corrective Action Required:

Recommend Plan Disapproval: _____ Date: _____

Specify actions required of the Board in order to resubmit the Plan:

Review Team Members (Name and Department):

TEMPLATE FOR SUBMITTING THE COMMUNITY PLAN

[INSERT BOARD NAME HERE]

COMMUNITY PLAN FOR SFY 2012-2013

[INSERT DATE SUBMITTED HERE]

SIGNATURE PAGE

Community Plan for the Provision of Alcohol, Drug Addiction and Mental Health Services
SFY 2012-2013

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol drug addiction and mental health services in its area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. The Community Plan is for State Fiscal Years (SFY) 2012 – 2013 (July 1, 2011 to June 30, 2013).

The undersigned is a duly authorized representative of the ADAMHS/ADAS/CMHS Board. The ADAMHS/ADAS Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2012 - 2013, has been reviewed for comment and recommendations by the Board's Standing Committee on Alcohol and Drug Addiction Services, and is complete and accurate.

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

MISSION STATEMENT

VISION STATEMENT

VALUE STATEMENTS

SECTION I: LEGISLATIVE AND ENVIRONMENTAL CONTEXT

Legislative Context of the Community Plan

Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, Alcohol and Drug Addiction Services (ADAS) Boards and Community Mental Health Services (CMH) Boards are required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and/or the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol, drug addiction and mental health services in its service area. Three ADAS Boards submit plans to ODADAS, three CMH Boards submit plans to ODMH, and 47 ADAMHS Boards submit their community plan to both Departments. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. This plan covers state fiscal years (SFY) 2012 – 2013 (July 1, 2011 through June 30, 2013).

The requirements for the community plan are broadly described in state statute. In addition, federal requirements that are attached to state block grant dollars regarding allocations and priority populations also influence community planning.

Ohio Revised Code (ORC) 340.03 and 340.033 – Board Responsibilities

Section 340.03(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for mental health services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Identify community mental health needs;
- 2) Identify services the Board intends to make available including crisis intervention services;
- 3) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies;
- 4) Review and evaluate the quality, effectiveness, and efficiency of services; and
- 5) Recruit and promote local financial support for mental health programs from private and public sources.

Section 340.033(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for alcohol and other drug addiction services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Assess service needs and evaluate the need for programs;
- 2) Set priorities;
- 3) Develop operational plans in cooperation with other local and regional planning and development bodies;
- 4) Review and evaluate substance abuse programs;
- 5) Promote, arrange and implement working agreements with public and private social

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- agencies and with judicial agencies; and
- 6) Assure effective services that are of high quality.

ORC Section 340.033(H) (H.B. 484)

Section 340.033(H) of the ORC requires ADAMHS and ADAS Boards to consult with county commissioners in setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify monies the Board and County Commissioners have available to fund the services jointly. The legislation prioritizes services, as outlined in Section 340.15 of the ORC, to parents, guardians and care givers of children involved in the child welfare system.

OAC Section 5122-29-10(B)

A section of Ohio Administrative Code (OAC) addresses the requirements of crisis intervention mental health services. According to OAC Section 5122-29-10(B), crisis intervention mental health service shall consist of the following required elements:

- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
- (2) Provision for de-escalation, stabilization and/or resolution of the crisis;
- (3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
- (4) Policies and procedures that address coordination with and use of other community and emergency systems.

HIV Early Intervention Services

Eleven Board areas receive State General Revenue Funds (GRF) for the provision of HIV Early Intervention Services. Boards that receive these funds are required to develop HIV Early Intervention goals and objectives and include: Butler ADAS, Eastern Miami Valley ADAMHS, Cuyahoga ADAS, Franklin ADAMHS, Hamilton ADAMHS, Lorain ADAS, Lucas ADAMHS, Mahoning ADAS, Montgomery ADAMHS, Summit ADAMHS and Stark ADAMHS Boards.

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant requires a minimum of twenty (20) percent of federal funds be used for prevention services to reduce the risk of alcohol and other drug abuse for individuals who do not require treatment for substance abuse.

Federal Mental Health Block Grant

The federal Mental Health Block Grant (MHBG) is awarded to states to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The MHBG is also a vehicle for transforming the mental health system to support recovery and resiliency of persons with SMI and SED. Funds may also be used to conduct planning, evaluation, administration and educational activities related to the provision of services included in Ohio's MHBG Plan.

Environmental Context of the Community Plan

Economic Conditions and the Delivery of Behavioral Health Care Services

Implications of Health Care Reform on Behavioral Health Services

Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area

Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community Plan

SECTION II: NEEDS ASSESSMENT

Process the Board used to assess behavioral health needs

Findings of the needs assessment

Access to Services

Workforce Development and Cultural Competence

Capital Improvements

Section III: Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

Process the Board used to determine prevention, treatment and capacity priorities

Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

Access to Services

Workforce Development and Cultural Competence

ORC 340.033(H) (HB 484) Goals

HIV Early Intervention Goals

Implications of Behavioral Health Priorities to Other Systems

Contingency Plan: Implications for Priorities and Goals in the event of a reduction in state funding

SECTION IV: COLLABORATION

Key collaborations and related benefits and results

Involvement of customers and general public in the planning process

Consultation with county commissioners regarding services for individuals involved in the child welfare system

Funds available for parents/caregivers in the child welfare system

SECTION V: EVALUATION OF THE COMMUNITY PLAN

Ensuring an effective and efficient system of care with high quality

Determining Success of the Community Plan for SFY 2012-2013

Portfolio of Providers and Services Matrix

TABLE 1: PORTFOLIO OF ALCOHOL AND DRUG SERVICES PROVIDERS

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area	h. Funding Source (Check the box if yes)		i. MACSIS UPI
								ODADAS	Medicaid Only	
PREVENTION				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)			
Information Dissemination							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternatives							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community-Based Process							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Identification and Referral							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PRE-TREATMENT (Level 0.5)							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OUTPATIENT (Level 1)										
Outpatient							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intensive Outpatient							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Day Treatment							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY RESIDENTIAL (Level 2)										
Non-Medical							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUBACUTE (Level 3)										
Ambulatory Detoxification							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Hour Observation Bed							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sub-Acute Detoxification							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACUTE HOSPITAL DETOXIFICATION (Level 4)										
Acute Detoxification							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TABLE 2: PORTFOLIO OF MENTAL HEALTH SERVICES PROVIDERS

Promising, Best, or Evidence-Based Practice	Provider(s) Name(s)	MACSIS UPI(s)	Number of Sites	Program Name	Funding Source (Check all that apply as funding source for practice)				Population Served	Estimated Number Served in SFY 2012	Estimated Number Planned for in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Integrated Dual Diagnosis Treatment (IDDT)					Yes No	Yes No	Yes No	Yes No			
Assertive Community Treatment (ACT)					Yes No	Yes No	Yes No	Yes No			
TF-CBT					Yes No	Yes No	Yes No	Yes No			
Multi-Systemic Therapy (MST)					Yes No	Yes No	Yes No	Yes No			
Functional Family Therapy (FFT)					Yes No	Yes No	Yes No	Yes No			
Supported Employment					Yes No	Yes No	Yes No	Yes No			
Supportive Housing					Yes No	Yes No	Yes No	Yes No			
Wellness Management & Recovery (WMR)					Yes No	Yes No	Yes No	Yes No			
Red Flags					Yes No	Yes No	Yes No	Yes No			
EMDR					Yes No	Yes No	Yes No	Yes No			
Crisis Intervention Training (CIT)					Yes No	Yes No	Yes No	Yes No			
Therapeutic Foster Care					Yes No	Yes No	Yes No	Yes No			
Therapeutic Pre-School					Yes No	Yes No	Yes No	Yes No			
Transition Age Services					Yes No	Yes No	Yes No	Yes No			
Integrated Physical/Mental Health Svces					Yes No	Yes No	Yes No	Yes No			
Ohio's Expedited SSI Process					Yes No	Yes No	Yes No	Yes No			
Medicaid Buy-In for Workers with Disabilities					Yes No	Yes No	Yes No	Yes No			
Consumer Operated Service					Yes No	Yes No	Yes No	Yes No			
Peer Support Services					Yes No	Yes No	Yes No	Yes No			
MI/MR Specialized Services					Yes No	Yes No	Yes No	Yes No			
Consumer/Family Psycho-Education					Yes No	Yes No	Yes No	Yes No			

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Please complete the following ODMH Service Level Checklist noting anticipated changes in service availability in SFY 2012:

ODMH SERVICE LEVEL CHECKLIST

Note: This checklist relates to your plan for SFY 2012. The alignment between your planned and actual service delivery will be determined using MACSIS and Board Annual Expenditure Report (FIS-040) data during February 2012.

Instructions - In the table below, provide the following information:

- 1) For SFY 2011 Offered Service, what services did you offer in FY 2010?
- 2) For SFY 2012, Plan to: What services do you plan to offer?
- 3) For SFY 2012 Medicaid Consumer Usage, how do you expect Medicaid Consumer usage to change?
- 4) For SFY 2012 Non-Medicaid consumer Usage, how do you expect Non-Medicaid Consumer usage to change?
- 5) For SFY 2012 Number of Units & Beds for the Adult forensic sub-population and for those sex offenders who are a subpopulation of SPMI/SMI.
- 6) For SFY 2012 Number of Units & Beds for the Youth forensic sub-population and for those sex offenders who are a subpopulation of SPMI/SMI.

	SFY 2011	SFY 2012			
	(Question 1)	(Question 2)	(Question 3)	(Question 4)	
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	
Pharmacological Mgt. (Medication/Somatic)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Mental Health Assessment (non-physician)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Psychiatric Diagnostic Interview (Physician)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
BH Counseling and Therapy (Ind.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
BH Counseling and Therapy (Grp.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Crisis Resources & Coordination					
24/7 Hotline	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
24/7 Warmline	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Police Coordination/CIT	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Disaster preparedness	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
School Response	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	

	SFY 2011	SFY 2012		
	(Question 1)	(Question 2)	(Question 3)	(Question 4)
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Respite Beds for Adults	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Respite Beds for Children & Adolescents (C&A)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Face-to-Face Capacity for Adult Consumers				
24/7 On-Call Psychiatric Consultation	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
24/7 On-Call Staffing by Clinical Supervisors	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
24/7 On-Call Staffing by Case Managers	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Mobile Response Team	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Central Location Capacity for Adult Consumers				
Crisis Care Facility	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Hospital Emergency Department	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Hospital contract for Crisis Observation Beds	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Transportation Service to Hospital or Crisis Care Facility	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Face-to-Face Capacity for C&A Consumers				
24/7 On-Call Psychiatric Consultation	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK

	SFY 2011	SFY 2012		
	(Question 1)	(Question 2)	(Question 3)	(Question 4)
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
24/7 On-Call Staffing by Clinical Supervisors	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
24/7 On-Call Staffing by Case Managers	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Mobile Response Team	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Crisis Central Location Capacity for C&A Consumers				
Crisis Care Facility	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Hospital Emergency Department	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Hospital Contract for Crisis Observation Beds	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Transportation Service to Hospital or Crisis Care Facility	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Partial Hospitalization, less than 24 hr.	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Community Psychiatric Supportive Treatment (Ind.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Community Psychiatric Supportive Treatment (Grp.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Assertive Community Treatment (Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Assertive Community Treatment (Non-Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Intensive Home Based Treatment (Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK

	SFY 2011	SFY 2012			
Service Category	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	
Intensive Home Based Treatment (Non-Clinical Activities)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Behavioral Health Hotline Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Other MH Svc, not otherwise specified (healthcare services)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Other MH Svc., (non-healthcare services)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Self-Help/Peer Svcs. (Peer Support)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Adjunctive Therapy	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Adult Education	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Consultation	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Consumer Operated Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Employment (Employment/Vocational)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Information and Referral	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Mental Health Education	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Occupational Therapy Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Prevention	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
School Psychology	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Social & Recreational Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Community Residence	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	

Crisis Care/Bed Adult [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
	SFY 2011	SFY 2012		
Service Category	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Crisis Care/Bed Youth [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Foster Care Adult	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Foster Care Youth [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Residential Care Adult (ODMH Licensed) [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Residential Care Adult (ODH Licensed) [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Residential Care Youth [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Respite Care/Bed Adult [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Respite Care/Bed Youth [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Subsidized Supportive Housing Adult [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Independent Community Housing Adult (Rent or Home Ownership) [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Temporary Housing Adult [see service definition below]	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Forensic Service	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Inpatient Psychiatric Service Adult (Private hospital only)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK
Inpatient Psychiatric Service Youth (Private hospital only)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK

DRAFT Community Plan Guidelines for SFY 2012 – 2013 August 25, 2010 (COMPRA Draft)

2012 Community Plan ADULT Housing Categories for ODMH

Please answer each category for your SPMI/SMI population.

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a subpopulation of SPMI/SMI. (Question 5)

Housing Categories	Definition	# Units	# Beds
Crisis Care	Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours' day/7 days a week. Treatment services are billed separately.		
ODMH Licensed Residential Care	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually agency operated and staffed; provides 24-hour supervision in active treatment oriented or structured environment. <u>Type 1:</u> Room & Board; Personal Care; Mental Health Services <u>Type 2:</u> Room & Board; Personal Care <u>Type 3:</u> Room and Board		
ODH Licensed Residential Care	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually operator owned and staffed; provides 24-hour supervision in structured environment.		
Respite Care	Short-term living environment, it may or may not be 24-hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately		
Temporary Housing	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately.		

2012 Community Plan ADULT Housing Categories for ODMH

Please answer each category for your SPMI/SMI population.

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a subpopulation of SPMI/SMI.

(Question 5)

Housing Categories	Definition	# Units	# Beds
Board/Agency Owned Community Residence	Person living in an apartment where they entered into an agreement that is NOT covered by Ohio tenant landlord law. Rules in program or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of on-site supervision for residents living in an apartment dwelling. Treatment services are billed separately.		
Subsidized Supportive Housing	Person living in an apartment where they entered into a lease with accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health consumers.)		
Independent Community Housing (Rent or Home Ownership)	Refers to house, apartment, or room which anyone can own/rent, which is not sponsored, licensed, supervised, or otherwise connected to the mental health system. Consumer is the designated head of household or in a natural family environment of his/her choice.		

2012 Community Plan YOUTH Housing Categories for ODMH

Please answer each category for your SPMI/SMI population.

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a subpopulation of SPMI/SMI.

Housing Categories	Definition	# Units	# Beds
Residential Treatment Facility/Residential Care:	A facility that is licensed and certified by ODMH as a Type I Facility (provides room/board, personal care and mental health services); or licensed by JFS and certified by ODMH to provide mental health services.		
Foster Care:	Provide home where a child/youth resides with a non-related adult in that person's home for the purpose of receiving care, supervision, assistance and accommodations. Treatment services are billed separately. Licensed by ODJFS.		
Respite Care/Bed:	Short-term living environment that may or not be 24 hour care, may provide supervision, services and accommodation. Licensed by ODMH or ODJFS. Certified by ODMH for mental health services.		
Crisis Care/Residential	Provision of short-term care to stabilize child/youth experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit, 24/7 staffing. Certified by ODMH for MH services.		
Psychiatric Inpatient Services:	Private psychiatric hospital or unit of a hospital serving youth/children. Licensed by ODMH.		

ODADAS Waivers

Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through ODADAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds. Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempt from this waiver.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with ODADAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

SFY 2012 & 2013 ODMH Budget Templates

FY 2012 Community Plan Budget

Board Name: _____
 FY: 2012
 Sent Jan. xxx
 Due to ODMH xxx

Category	Forensic 401	Sys of Care 404	Comm 408	Special 505	ECMH 505	Other ODMH Misc Funds	Subtotal State Funds	State Funds for Medicaid match	Federal Childcare Qlty	Federal Block Grant	Federal BG (forensic)	Federal Title XX	Federal MH/Medicaid FFP	Federal Other	Subtotal Federal Funds	Local Levy	Other Board Funds	Subtotal Local Funds	Local Funds for Medicaid match	Board MH Total Expenditures	Misc Notes
BEGINNING BALANCE							0								0			0		0	
BOARD ADMINISTRATION																					
Salaries, Fringes, and Operating							0								0			0		0	
Board Capital Expenditures							0								0			0		0	
BOARD SERVICES TO AGENCIES																					
Salaries, Fringes, and Operating							0								0			0		0	
Capital Expenditures							0								0			0		0	
Board Support for Medications							0								0			0		0	
Pharmacological Mgt. (Medication/Somatic)							0								0			0		0	
Mental Health Assessment (non-physician) (Diag. Assess.)							0								0			0		0	
Psychiatric Diagnostic Interview (Physician) (Diag. Assess.)							0								0			0		0	
BH Counseling and Therapy (Ind.) (Ind. Counseling)							0								0			0		0	
BH Counseling and Therapy (Grp.) (Grp. Counseling)							0								0			0		0	
Crisis Intervention MH Services (Crisis Intervention)							0								0			0		0	
Partial Hospitalization, less than 24 hr. (Partial Hospitalization)							0								0			0		0	
Community Psychiatric Supportive Treatment (Isl.) (Ind. CSP)							0								0			0		0	
Community Psychiatric Supportive Treatment (Grp.) (Grp. CSP)							0								0			0		0	
Assertive Community Treatment (Clinical Activities)							0								0			0		0	
Assertive Community Treatment (Non-Clinical Activities)							0								0			0		0	
Intensive Home Based Treatment (Clinical Activities)							0								0			0		0	
Intensive Home Based Treatment (Non-Clinical Activities)							0								0			0		0	
Behavioral Health Hotline Service (Hotline)							0								0			0		0	
Other MH Svc., not otherwise specified (hbicare) (Other MH Serv.)							0								0			0		0	
Self-Help/Peer Svcs. (Peer Support)							0								0			0		0	
Adjunctive Therapy							0								0			0		0	
Adult Education							0								0			0		0	
Consultation							0								0			0		0	
Consumer Operated Service							0								0			0		0	
Employment (Employment/Vocational)							0								0			0		0	
Information and Referral							0								0			0		0	
Mental Health Education							0								0			0		0	
Occupational Therapy Service							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Prevention							0								0			0		0	
School Psychology							0								0			0		0	
Social & Recreational Service							0								0			0		0	
Community Residence							0								0			0		0	
Crisis Care (Crisis Bed)							0								0			0		0	
Foster Care							0								0			0		0	
Residential Care (Residential Treatment/Residential Support)							0								0			0		0	
Respite Care (Respite Bed)							0								0			0		0	
Subsidized Housing							0								0			0		0	
Temporary Housing							0								0			0		0	
Forensic Evaluation							0								0			0		0	
SASARR							0								0			0		0	
Inpatient Psychiatric service (Private hosp. only)							0								0			0		0	
Total Expenditures	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	
Non Mental Health Services																					0
Unexpended Funds																					0
Total Revenues																					0

Type of Accounting (enter below: cash, accrual, modified accrual)

Type: _____

FY 2013 Community Plan Budget

Board Name: _____
 FY: 2013
 Sent Jan. xxx
 Due to ODMH xxx

Category	Forensic 401	Sys of Care 404	Comm 408	Special 505	ECMH 505	Other ODMH Misc Funds	Subtotal State Funds	State Funds for Medicaid match	Federal Childcare Olyv	Federal Block Grant	Federal BG (forensic)	Federal Title XX	Federal MH Medicaid FFP	Federal Other	Subtotal Federal Funds	Local Levy	Other Board Funds	Subtotal Local Funds	Local Funds for Medicaid match	Board MH Total Expenditures	Misc Notes
BEGINNING BALANCE							0								0			0		0	
BOARD ADMINISTRATION																					
Salaries, Fringes, and Operating							0								0			0		0	
Board Capital Expenditures							0								0			0		0	
BOARD SERVICES TO AGENCIES																					
Salaries, Fringes, and Operating							0								0			0		0	
Capital Expenditures							0								0			0		0	
Board Support for Medications							0								0			0		0	
Pharmacological Mgt. (Medication/Somatic)							0								0			0		0	
Mental Health Assessment (non-physician) (Diag. Assess.)							0								0			0		0	
Psychiatric Diagnostic Interview (Physician) (Diag. Assess.)							0								0			0		0	
BH Counseling and Therapy (Ind.) (Ind. Counseling)							0								0			0		0	
BH Counseling and Therapy (Grp.) (Grp. Counseling)							0								0			0		0	
Crisis Intervention MH Services (Crisis Intervention)							0								0			0		0	
Partial Hospitalization, less than 24 hr. (Partial Hospitalization)							0								0			0		0	
Community Psychiatric Supportive Treatment (Ind.) (Ind. CSP)							0								0			0		0	
Community Psychiatric Supportive Treatment (Grp.) (Grp. CSP)							0								0			0		0	
Assertive Community Treatment (Clinical Activities)							0								0			0		0	
Assertive Community Treatment (Non-Clinical Activities)							0								0			0		0	
Intensive Home Based Treatment (Clinical Activities)							0								0			0		0	
Intensive Home Based Treatment (Non-Clinical Activities)							0								0			0		0	
Behavioral Health Hotline Service (Hotline)							0								0			0		0	
Other MH Svc., not otherwise specified (hthcare)(Other MH Serv.)							0								0			0		0	
Self-Help/Peer Svcs. (Peer Support)							0								0			0		0	
Adjunctive Therapy							0								0			0		0	
Adult Education							0								0			0		0	
Consultation							0								0			0		0	
Consumer Operated Service							0								0			0		0	
Employment (Employment/Vocational)							0								0			0		0	
Information and Referral							0								0			0		0	
Mental Health Education							0								0			0		0	
Occupational Therapy Service							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Other MH Svc., non-healthcare services (Other MH Serv.)							0								0			0		0	
Prevention							0								0			0		0	
School Psychology							0								0			0		0	
Social & Recreational Service							0								0			0		0	
Community Residence							0								0			0		0	
Crisis Care (Crisis Bed)							0								0			0		0	
Foster Care							0								0			0		0	
Residential Care (Residential Treatment/Residential Support)							0								0			0		0	
Respite Care (Respite Bed)							0								0			0		0	
Subsidized Housing							0								0			0		0	
Temporary Housing							0								0			0		0	
Forensic Evaluation							0								0			0		0	
PASARR							0								0			0		0	
Inpatient Psychiatric service (Private hosp. only)							0								0			0		0	
Total Expenditures	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0		0	
Non Mental Health Services																					0
Unexpended Funds																					0
Total Revenues																					0

Type of Accounting (enter below: cash, accrual, modified accrual)

Type: _____

Additional ODMH Requirements (Formerly Community Plan – Part B)

Notification of Election of Distribution – SFY 2012

The _____ Alcohol, Drug Addiction and Mental Health Services Board or Community Mental Health Board has decided the following:

_____ The Board plans to elect distribution of 408 funds.

_____ The Board plans not to elect distribution of 408 funds

Signed:

Executive Director
Alcohol, Drug Addiction and Mental Health Services Board or
Community Mental Health Board

Date: _____

State Hospital Inpatient Days

BOARD NAME _____	
2012 Planned Use of State Hospital Inpatient Days By Hospital/Campus	
1. Regional Psychiatric Hospital Name	
Total All State Regional Psychiatric Hospitals Inpatient Days	

* When specifying a Regional Psychiatric Hospital, please indicate a particular campus.

Signed _____
 ADAMH/CMH Board Executive Director

CSN Services

I anticipate renewing contracts for CSN services.

_____ Yes, pursuant to Board Resolution dated ___ / ___ / 2011

_____ No

Board Membership Catalog for ADAMHS/ADAS/CMHS Boards

Board Name				Date Prepared	
Board Member		<u>Appointment</u>		<u>Sex</u>	
Mailing Address (street, city, state, zip)		<u>Officer</u>		<u>Ethnic Group</u>	
Telephone (include area code)		County of Residence		Representation: select all that apply:	
Occupation		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term		Year Term Expires			

Board Name				Date Prepared	
Board Member		<u>Appointment</u>		<u>Sex</u>	
Mailing Address (street, city, state, zip)		<u>Officer</u>		<u>Ethnic Group</u>	
Telephone (include area code)		County of Residence		Representation: select all that apply:	
Occupation		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term		Year Term Expires			

Board Name				Date Prepared	
Board Member		<u>Appointment</u>		<u>Sex</u>	
Mailing Address (street, city, state, zip)		<u>Officer</u>		<u>Ethnic Group</u>	
Telephone (include area code)		County of Residence		Representation: select all that apply:	
Occupation		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term		Year Term Expires			

Board Name				Date Prepared	
Board Member		<u>Appointment</u>		<u>Sex</u>	
Mailing Address (street, city, state, zip)		<u>Officer</u>		<u>Ethnic Group</u>	
Telephone (include area code)		County of Residence		Representation: select all that apply:	
Occupation		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term		Year Term Expires			

Board Name				Date Prepared	
Board Member		<u>Appointment</u>		<u>Sex</u>	
Mailing Address (street, city, state, zip)		<u>Officer</u>		<u>Ethnic Group</u>	
Telephone (include area code)		County of Residence		Representation: select all that apply:	
Occupation		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term		Year Term Expires			

Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u>	
Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician	
Board Name		Date Prepared	
Board Member		<u>Appointment</u>	<u>Sex</u> <u>Ethnic Group</u>
Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u>	
Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician	
Board Name		Date Prepared	
Board Member		<u>Appointment</u>	<u>Sex</u> <u>Ethnic Group</u>
Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u>	
Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician	
Board Name		Date Prepared	
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Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u>	
Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
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Board Name		Date Prepared	
Board Member		<u>Appointment</u>	<u>Sex</u> <u>Ethnic Group</u>
Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u>	
Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member

Term	Year Term Expires	<input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name		Date Prepared	
Board Member		<u>Appointment</u>	<u>Sex</u> <u>Ethnic Group</u>
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Occupation		<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>
Term	Year Term Expires	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
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Term	Year Term Expires	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
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Term	Year Term Expires	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name		Date Prepared	
Board Member		<u>Appointment</u>	<u>Sex</u> <u>Ethnic Group</u>

Mailing Address (street, city, state, zip)		<u>Officer</u>	<u>Hispanic or Latino (of any race)</u>
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		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
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Term	Year Term Expires	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member

Term	Year Term Expires	<input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name		Date Prepared	
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Telephone (include area code)	County of Residence	
Occupation		
Term	Year Term Expires	

Board Forensic Monitor and Community Linkage Contacts

a. Please provide the name, address, phone number, and email of the Board’s Forensic Monitor:

Name	Street Address	City	Zip	Phone Number	Email

b. Please provide the name, address, phone number, and email of the Board’s Community Linkage Contact:

Name	Street Address	City	Zip	Phone Number	Email

ODMH Agreement & Assurances **(placeholder – expect several additional pages)**

INSERT ADDITIONAL BOARD APPENDICES AS NEEDED

