

Ohio

Department of Alcohol &
Drug Addiction Services



Ohio

Department of
Mental Health

Orman Hall, ODADAS Director • **John R. Kasich**, Governor • **Tracy J. Plouck**, ODMH Director

SFY 2012-2013 Community Plan Reviewer Training Manual

SFY 2012-2013 Community Plan Reviewer Training Manual

1st Training Date: 12/13/2010 at ODMH (Conceptual)

2nd Training Date: 1/7/2011 at ODMH (Practical – Review a Plan)

3rd Training Date: 2/14/2011 at ODMH (Practical)

What to Look for When Reviewing a Plan: It Should Seem Like...

- **Reading a Novel:** Does it tell us a story (internal consistency)?
 - Where are you now?
 - Where are you going?
 - How are you going to get there?
 - Who will you take along with you?
 - How will you know when you get there?
- Can the Board actually do what it says it plans on doing?
- Do we see any potential barriers that could block them from accomplishing their goals?
- Are themes emerging from several/multiple Boards?

Grading the Response (A 'Reasonable Person' Approach to Judgment):

1. Does the response relevantly relate to the question? Is this question being answered?
2. Does the Board provide a rational basis with which to discuss the topic, or is the response a narrative of disjointed information?
3. Does the Board provide sufficient detail and broadness of scope to make the response appear to be reality-based, or is the response so vague as to not be able to discern what needs to be done and how they know that it needs to be done?

4. Does the response describe recent events or actions, or does the response appear to be based on events or activities that are outdated?
5. Does the response appear to be consistent with the Board's mission, vision and values statements?
6. Does there appear to be consistency among the questions and throughout the plan overall (e.g., needs assessment findings lead to a reasonably related set of actions, or does the Board present disjointed activities that bear little relation to one another)?

Inside the Community Plan: 25 Questions & Review Tips

Question 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.*

- This question and response sets the stage for the rest of the document.
- A *good* description discusses trends across a span of years.
- An *adequate* description discusses the current year.
- A *poor* description provides minimal or no actual data; no analysis of what the data means or what the impact is on service delivery.
- **Note:** It is unlikely the Board will be doing the same things at the same level due to budget cuts. If the response does not speak to diminished service capacity, the Board must provide a reason (i.e. use of Board reserve funds, etc.).

Question 2: *Based upon what is known to date, discuss implications of recently enacted health care reform legislation on the Board's system of care.*

- This is a needs survey to assist the Departments in identifying and understanding potential technical assistance needs. Board must provide a response.
- The Departments regard this question as a starting place for discussion with local Boards and other stakeholders around how health care reform may impact capacity, prevention, treatment and recovery support services in the behavioral health system.
- The only wrong answer is a failure to respond.

Question 3: *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 (e.g., problem gambling) and populations for behavioral health prevention, treatment and recovery services.*

- Have programs closed? Have agencies closed?
- Increased drug abuse (i.e. Increased prescription drug and opiate abuse?)
- Has poverty increased? Has there been a shift in Medicaid eligibility?
- Have home foreclosures led to more homeless or itinerant individuals?
- Mental Health: Has there been a decrease in recovery services?
- Are *Recovery, Treatment and Prevention* adequately addressed?
- **Note:** Budget information will be an indicator of local trends.

Question 4: *Describe major achievements.*

- Response should describe any major achievements of the previous plan. The only wrong answer is a failure to respond.
- **Note:** Planning should be regarded as a continuous process by which Boards address and build upon their major achievements and unrealized goals for future community planning development.

Question 5: *Describe significant unrealized goals and briefly describe the barriers to achieving them.*

- Response should describe unrealized goals/barriers to achieving goals of the previous plan. The only wrong answer is a failure to respond.
- **Note:** Planning should be regarded as a continuous process by which Boards address and build upon their major achievements and unrealized goals for future community planning development.

Question 6: Describe the process the Board utilized to determine its current behavioral healthcare needs including data sources and types, methodology, time frames and stakeholders involved.

- This is a **process** question. What did the Board do to assess need?
- How did the Board assess need: a formal process or informal process?
- Are data sources and types described?
- Did Board have a methodology and was it described?
- Were there time frames or target dates?
- Who were the stakeholders involved?

Question 7: Describe the findings of the needs assessment identified through quantitative and qualitative sources.

- Response needs to be consistent with #6 above. If not consistent, how are they different and why?
- Response should show whether the Board's needs assessment is adequate. If response is deemed insubstantial or missing information, Departments can provide technical assistance to develop an adequate response.
- **Note:** The response should address the 9 groups (a.-i.) listed in the Community Plan Guidelines.

Question 8:

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, problem gamblers, and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.

- Response should relate back to questions #3, #6 & #7. If statements are made earlier about specific populations, follow-up should occur here.
- Are *Prevention* and *Treatment* addressed?

■ Response should address the following groups (when applicable):

- | | |
|------------------------------|---|
| a) Deaf and Hard-of-Hearing; | d) Problem gamblers; |
| b) Veterans; | e) Individuals from state hospitals; |
| c) Ex-offenders; | f) Individuals released from prison
or without Medicaid. |

b) Please discuss how the Board plans to address any gaps in the crisis care services indicated by OAC 5122-29-10(B). (ADAMHS/CMH only)

■ Response needs to describe the crisis intervention system.

■ A gap is relative to what is usually expected.

■ OAC 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.” (<http://codes.ohio.gov/oac/5122-29>)

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)

■ Response should describe how Board identified and prioritized needs for personnel providing crisis intervention services.

■ Required training includes:

- OAC 5122-29-08(B)(4): “Ensure that all staff and volunteers receive training in crisis intervention.” (<http://codes.ohio.gov/oac/5122-29>)
- See above for OAC 5122-29-10(B)(3).

Question 9: 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.

- Response must specify how Board currently works to attract, retain and develop qualified and licensed staff.

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, problem gamblers and individuals discharged from state Regional Psychiatric Hospitals and released from state prisons without Medicaid eligibility.

- Response should include a description of activities, strategies, successes and challenges with regard to cultural competence.

- Response should address the following groups (when applicable):

- | | |
|------------------------------|--|
| a) Deaf and Hard-of-Hearing; | d) Problem gamblers; |
| b) Veterans; | e) Individuals from state hospitals; |
| c) Ex-offenders; | f) Individuals released from prison or without Medicaid. |

Question 10: Capital Improvements: For the Board’s local behavioral health service system, identify the Board’s capital (construction and/or renovation) needs.

- The Departments want a record of Board area capital needs even if the Board is currently not involved in capital improvements.

- The only wrong answer is a failure to respond.

Question 11: *Describe the process utilized by the Board to determine its capacity, prevention, 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?*

- This is a **process** question. Response should relate back to questions #3, #6, #7, #8 a.& c. and #9 (Needs Assessment, Access to Services and Workforce Development). If statements are made earlier about specific populations, follow-up should occur here.
- What stakeholders were involved with priority setting?
- Are *Capacity, Prevention, Treatment and Recovery Support Services* priorities addressed?

Question 12: *Based upon the Departmental priorities listed in the guidelines (and/or local priorities) and available resources, identify the Board’s behavioral health capacity, prevention, treatment and recovery support services priorities, goals and objectives for SFY 2012—2013.*

- This question relates back to questions #3, #6, #7, #8 a.& c. and #9.
- Are *Capacity, Prevention, Treatment and Recovery Support Services* priorities, goals and objectives addressed? In other words, are the Board’s priorities, goals and objectives consistent with and emerge from the needs assessment and/or prioritization processes?
- **Note:** If the priorities, goals or objectives do not appear to be consistent with the needs assessment and/or prioritization processes, the Board needs to provide an explanation.

Question 13: *What are the Board’s goals and objectives for addressing access issues for behavioral health services identified in the previous section of the Plan?*

- Please refer to review tips under question #8 a.- c. This question may also have been addressed in Board’s response to question #12.

Question 14: *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 D for State of Ohio definition of cultural competence.)*

- Please refer to review tips under question #9 a.& b. This question may also have been addressed in Board's response to question #12.

Question 15: *To improve accountability and clarity related to ORC 340.033(H) programming, **ADAMHS and ADAS Boards** are required to develop specific goals and objectives related to this allocation.*

- Boards need to note specific goals and objectives for parents/caregivers in the child welfare system.
- A *good* response provides the number of families reunited.
- A *poor* response provides the numbers served.
- Response should focus on an outcomes goal and *not* a process.

Question 16: ***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.*

- Response must include a minimum of **one** goal and objective.

Question 17: ADAMHS and CMH Boards only: *Address how the Board will meet the needs of civilly and forensically hospitalized adults, including conditional release and discharge planning processes. How will the Board address the increasingly high number of non-violent misdemeanants residing in state hospitals?*

- A **good/excellent** response includes language about reviews of specific types of clients in the hospitals, level of offenses (if forensic), monitoring length of stay and devising comprehensive discharge plans for transitioning offenders at all levels into alternative types of services as soon as possible when clinically indicated.

- **Civil:** A good/excellent response addresses the level of services (i.e. housing and employment) that will be available in the community. If the need is anticipated to be greater than the resources available, the Board must provide ODMH with an explanation and action plan.
- **Forensic:** A good/excellent response includes discussion about how the Board area will provide forensic monitoring services and what role the forensic monitor will have in the discharge planning. Discussion will also address the availability of resources (housing, employment, community supports, etc.) and risk management strategies in place. If the need is anticipated to be greater than the resources available, the Board must provide ODMH with an explanation and action plan. An excellent response is one that addresses ideas or plans to implement or expand outpatient competency restoration. Additionally, the Board should include discussion around local efforts to educate courts, judges and other stakeholders on the costs of hospitalization, proper utilization and creation of alternatives to hospitalization.
- A **fair** response includes limited or minimal information about discharge planning of both civil and forensic hospitalized patients and conditional release.
- An **unacceptable** response is one that does not discuss discharge planning of either group or mention the use of forensic monitoring to individuals under conditional release. Any identified service gaps must also be addressed in order for the response to be acceptable.
- If a high number of non-violent misdemeanants are reported, the Board must identify the goals and strategies being utilized to address that population (i.e. diversion alternatives, outpatient restoration, education of other stakeholders, etc.).

Question 18: *What are the implications to other systems of needs that have not been addressed in the Board's prioritization process?*

- Response should discuss how the plan will positively or negatively affect other systems. Board needs to specify several concrete systems that may be impacted.

Question 19: *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.*

- Answers with descriptions similar to “nothing is going to change” or “we will use Board financial reserves” constitute an insufficient response.
- Response should include discussion such as:
 - What service may be cut or eliminated?
 - What populations may be affected or cut off from services?
 - Will the level of care of a service(s) decrease due to additional cuts?
- Refer back to question #1 (economic conditions and impact of recent budget cuts/reduced resources on service delivery) and look for consistencies between questions #1 and #19.

Question 20: *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.*

- Response should include discussion involving groups and systems such as:
 - County Family Services Planning Committee
 - Public Children’s Service Agency
 - Family and Children First Council
 - Criminal and Juvenile Justice System
 - County Commissioners
 - Community Mental Health and Private Hospitals
 - School Districts
 - County Boards of Developmental Disabilities

Question 21: *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)?*

- Response should include discussion of Board involvement with clients and the general public.

Question 22: 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 that has received training on the Continuity of Care Agreements (CCA).*

- Response should include discussion specific to:
 - When and how training on the CCAs was provided.
 - The number of staff members trained to CCA content process.

Question 23: 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.*

- This relates to question #15 and the funding of treatment for parents/caregivers in the child welfare system.
- Response must provide a description of consultation with county commissioners and specify the funding available.

Question 24: *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) and 340.033(H). Please reference evaluation criteria found in Appendix C with regard to your discussion of successes and challenges with measuring quality, effectiveness and efficiency.*

- This is a needs survey to assist the Departments in identifying and understanding potential technical assistance needs with regard to service evaluation. Board must provide a response.
- In addition to the review teams, the Office of Research and Evaluation (ORE) will review this question.
- The only wrong answer is a failure to respond.

Question 25: *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?*

■ Are *Capacity, Prevention, Treatment and Recovery Support Services* measures of success consistent with priorities, goals and objectives?

■ Response must include indicators and/or measures describing how Board will:

- a) Engage and involve agencies and the community in the evaluation of the plan;
- b) Track progress in achieving goals as described in the plan;
- c) Communicate and report on progress.