



Department of
Mental Health

Department of Alcohol
and Drug Addiction Services

INTRODUCING THE COMMUNITY PLAN GUIDELINES FOR SFY 2012- 2013

Board Forum Webinars October 5 – 7, 2010

Agenda

- Background and Overview
- Changes from CPG for SFY 2011-2012
 - ▣ Survey and Focus Groups
- Technical Assistance
- Review Sections and Items of the Guidelines
- Plan Review Process

Review and Vetting of Draft Community Plan Guidelines

- ODMH leadership and staff
- ODADAS senior staff and regional coordinators
- External
 - ▣ ADAMHS/ADAS/CMH Boards
 - ▣ ODADAS Planning Committee of Advisory Council
 - ▣ ODADAS Leadership Roundtable Members
 - ▣ NAMI
 - ▣ Ohio Empowerment Coalition
 - ▣ Ohio Federation for Children's Mental Health

Who Provided Feedback

- Lucas County (3 comments)
- Hamilton County (4 comments)
- Columbiana County (4 comments)
- OACBHA (11 comments)

Summary of External Feedback

- Issues related to incomplete directions, redundancies, definitions, pieces being dropped from the plan
- Issues related to timelines and concern about adequate time for meaningful information
- Comments related to specific items and their value in providing meaningful versus speculative information
- Frequently Asked Questions: [ODADAS](#) and [ODMH](#) Websites

Survey Results

- Board Survey and Focus Group Summary is on the ODADAS website at
- <http://www.ada.ohio.gov/public/ContentLinks.aspx?SectionID=3c007b96-3bde-463d-98cf-fe5fb939971e>

Last Year's Lessons

- Based on Survey and Focus Groups:
 - ▣ Enhance integration of items and eliminate, as much as possible, repetitive responses to each Department.
 - ▣ Improve plan submission process and eliminate challenges associated with fonts, charts and tables, and attachments.
 - ▣ Improve board feedback mechanisms
 - ▣ Improved format

Submitting the Plan

- Due December 30, 2010
- All plans will be submitted electronically to communplan@ada.ohio.gov
 - ▣ Submit responses on the [Template](#) that begins on page 42 of the guidelines
- Two signed copies of the Signature page will be mailed to:

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

What Is Included in the Community Plan

- Signature Page
- 25 Questions
- Portfolio of Providers (MS-Excel)
- ODADAS Waivers
- ODMH Template for Budget and Additional Requirements (All Due December 30, 2010)
 - Notification of Election of Distribution – SFY 2012
 - Board Membership Catalog for ADAMHS/CMHS Boards
 - Board Forensic Monitor and Community Linkage Contacts
 - State Hospital Inpatient Days
- Additional Appendices the Board wishes to add

Word and Excel Documents

- Microsoft Word Document:
 - ▣ ODMH Agreement and Assurances (Under separate cover)
 - ▣ Community Plan Guidelines for SFY 2012-2013

- Microsoft Excel Documents:
 - ▣ Table 1: Portfolio of Alcohol and Drug Services Providers
 - ▣ Table 2: Portfolio of Mental Health Services Providers
 - ▣ ODMH Service Level Checklist
 - ▣ ODMH 2012 Adult Housing Categories
 - ▣ ODMH SFY 2012 Budget Template (Under separate cover)
 - ▣ ODMH SFY 2013 Budget Template (Under separate cover)

Technical Assistance

- Weekly Wednesday phone Q&A/TA beginning on October 13, 2010 - final session on December 22, 2010.
- Time: 10:00 AM – 11:00 AM.
- Frequently Asked Questions (FAQs) posted on ODMH and ODADAS websites.

QA/TA Wednesday Phone Conferences 10:00 AM

614-644-1097

- October 13
- October 20
- November 17
- December 15
- December 22

216-787-0997

- October 27
- November 3
- November 10
- November 24
- December 1

614-387-7616

- December 8

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Section I: Legislative and Environmental Context of the Plan

Where Are We Now?

What is the Purpose of This Section?

- Describe the conditions and constraints that define the need for behavioral health services
 - ▣ Context for behavioral health prevention and treatment services
 - Legislative
 - Environmental

Legislative Context

- Statutory requirements of the plan
 - ▣ State and Federal Legislation that shapes the plan
- This section is already completed and included in the template. No need to add anything.

Environmental Context of the Plan

- ❑ Economic Conditions
- ❑ Implications of Health Care Reform
- ❑ Other Key Social and Demographic Factors
 - ▣ Description of who is receiving services
 - ▣ Recent trends in services and populations receiving behavioral health prevention, treatment and recovery services

Results from Community Plan for SFY 2010-2011

- Assessment of previous community plan
 - ▣ Major Achievements
 - ▣ Unrealized Goals

Economic Conditions and the Delivery of Behavioral Health Care Services

- ❑ **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. (pg. 9)*

Implications of Health Care Reform on Behavioral Health Services

- **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. (pg. 9)*

Educational Webinars and Sites on Health Care Reform

- OHIO.GOV:
<http://www.healthcarereform.ohio.gov/Pages/default.aspx>
- SAMHSA:
<http://www.samhsa.gov/healthReform/>
- ACMHA:
http://www.acmha.org/current_events_critical_issues.shtml
- NACBHDD: <http://www.nacbhdd.org/conferences/highlights.cfm>
- NIATx: <http://niatx.net/Action/WebinarLibrary.aspx>
- Kaiser Foundation: [http://www.kaiseredu.org/Tutorials-and-Presentations/A I/Health-Reform-Overview.aspx](http://www.kaiseredu.org/Tutorials-and-Presentations/A_I/Health-Reform-Overview.aspx)

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

- **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. (pg. 9)*

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

- **Question 4:** *Describe major achievements.*
- **Question 5:** *Describe significant unrealized goals and briefly describe the barriers to achieving them.*
- *(Pg. 9)*



Section II: Needs Assessment

Where are We Now? Capacity, Prevention, and Treatment and Recovery Service Needs

What is the Purpose of This Section?

- ❑ Needs of clients
- ❑ Needs of families, employers, other systems and community
- ❑ Capacity of the system to respond to constituents and those in need of services

Process the Board Used to Assess Behavioral Health Needs

- **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. (pg. 10)

Findings of the Needs Assessment

- **Question 7:** Describe the findings of the needs assessment identified through quantitative and qualitative sources. (pg. 10)

Access to Services

□ **Question 8: (Pg. 11)**

- *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.*
- *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)**;*
- *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)**.*

Workforce Development and Cultural Competence

□ **Question 9: (pg. 11)**

- *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.*

Workforce Development and Cultural Competence (Continued)

□ **Question 9:**

- *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.*

Capital Improvements

- **Question 10:** *For the Board's local behavioral health service system, identify the Board's capital (construction and/or renovation) needs. (pg. 11)*



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

Where are We Going and How Will We Get There?

What is the Purpose of This Section?

- Identify the process used to establish priorities for prevention, treatment and capacity issues.
- Identify goals and objectives related to those priorities

Process Used to Determine Priorities

- **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? (pg. 16)

Goals and Objectives

- **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. (pg. 16)*

Example of a Goal and Objectives

- Priority: Adults with SPMI/SMI
- Goal: Maintain outreach capacity to adults with SPMI
 - ▣ Objective 1: Repurpose resources to increase outreach through peer support
 - ▣ Objective 2: Repurpose resources to offer recovery groups such as WMR, WRAP, BRIDGES
 - ▣ Objective 3: Repurpose resources to offer integrated dual diagnosis treatment for adults with substance abuse/mental illness

Example of Goals and Objectives

- Priority: Increase services directed at problem gambling
- Goal: Increase number of clinicians trained to address problem gambling
 - ▣ Objective: Make 3 training programs available with CEUs/RCHs in the next fiscal year

Capacity Goals and Objectives

- ❑ **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? (pg. 16)
- ❑ **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.) (pg. 17)

ODADAS Specific Goals

- **ORC 340.033(H) Goals**
 - **Question 15:** *To improve accountability and clarity related to programming, **ADAMHS and ADAS** Boards are required to develop a specific goals and objectives related to this allocation. (pg. 17)*
- **HIV Early Intervention Goals**
 - **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. (pg. 17)*

ODMH Specific Goal

- **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? (pg. 17)

Implications for Other Systems?

- **Question 18:** *What are the implications to other systems of needs that have not been addressed in the Board's prioritization process? (pg. 17)*

Contingency Plan

- **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. (pg. 17)



Section IV: Collaboration

Who Do We Take With Us Along the Way?

The Purpose of This Section of the Plans

- Describe procedures for interagency coordination and collaborations (Determine what other agencies, systems, individuals, constituents should be involved in developing the plan)
- Roles and contributions of various groups
- How to make the best use of resources
- Collaboration for results
 - ▣ Better outcomes
 - ▣ Greater efficiencies
 - ▣ Serve more people

Key Collaborations and Related Benefits and Results

- **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. (pg. 18)*

Involvement of Customers and the General Public in the Planning Process

- **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)? (pg. 18)*

Regional Psychiatric Hospital Continuity of Care Agreements

- **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. (pg. 18)*

Consultation with County Commissioners Regarding Services for Individuals Involved in the Child Welfare System

- **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 . (pg. 18)

Section V: Evaluation of the Community Plan

How will we know we got there?

Evaluation of the Community Plan

- Ensuring an effective and efficient system of care with high quality
- Determining the Success of the Community Plan for SFY 2012-2013

Ensuring an Effective System of Care with High Quality

- **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 ORC 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. (pg. 19)

Determining Success of the Community Plan for SFY 2012-2013

- **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.*
 - *How will the Board **engage contract agencies and the community** in evaluation of the Community Plan for behavioral care prevention and treatment services?*
 - *What milestones or indicators will be identified to enable the Board and its key stakeholders to **track progress** toward achieving goals?*
 - *What methods will the Board employ to **communicate progress** toward achievement of goals?*
- (Pg. 19)

ODADAS Waivers

Request for Inpatient Hospital Rehabilitation Services

Request for Generic Services

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. (pg. 64)**

Waiver 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 (pg. 64)

Portfolio of Providers

MS-Excel Spreadsheets for ODADAS and ODMH are provided as attachments.

Table 1: Portfolio of Alcohol and Drug Services Providers Instructions (Pg. 20)

- *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 in-county providers with which the Board contracts. Boards are not required to include out-of-county Medicaid providers unless the Boards view it as critical services to meeting the needs of their consumers' needs as specified in the Community Plan. 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. MACSIS UPI.*
- **FOR YES NO COLUMNS, IN THE MS EXCEL SPREADSHEET, DELETE THE INCORRECT RESPONSE**

Table 2: Portfolio of Mental Health Services Providers Using EBP Instructions (Pg 20)

- *Identify the Board's current portfolio of providers using EBPs within its local mental health service system. Please include all in-county providers with which the Board contracts. Boards are not required to include out-of-county Medicaid providers unless the Boards view it as critical services to meeting the needs of their consumers' needs as specified in the Community Plan. Please include the following specific information within each level of care (the matrix to be completed appears on page 55): a. provider name; b. MACSIS UPI; c. number of sites; d. program name; e. funding source; f. population served; g. estimated number of clients served in SFY 2012; and h. estimated number of clients served in SFY 2013.*
- **FOR YES NO COLUMNS, IN THE MS EXCEL SPREADSHEET, DELETE THE INCORRECT RESPONSE**

Let's Visit the Excel Sheets

- <http://www.ada.ohio.gov/public/ContentLinks.aspx?SectionID=3c007b96-3bde-463d-98cf-fe5fb939971e>



Additional ODMH Requirements

Formerly Part B

ODMH Due Dates

□ Due **Dec. 30, 2010**

- ODMH Template for Budget (on ODMH website Dec. 1, 2010)
- Notification of Election of Distribution – SFY 2012
- Board Membership Catalog for ADAMHS/CMHS Boards
- Board Forensic Monitor and Community Linkage Contacts
- State Hospital Inpatient Days

Review of the Community Plan

Appendix E: Review Form

Feedback to Boards

How the Plan is Used

Review of the Community Plan

- Community Plan Guidelines [Appendix E](#) contains review form (pg. 31)
- ODADAS/ODMH staff will review the document
- Review team will contact Board for clarifying information if necessary prior to review completion
- Review results:
 - ▣ Approved
 - ▣ Approved with Corrective Action
 - ▣ Not Approved

Feedback to Boards on Community Plan

- Arrange for phone conference or in-person meeting with ODMH/ODADAS staff
- Request for phone conference/meeting can be made to ODADAS regional coordinators after plan is submitted

How Is the Information in the Plans Used

- Respond to legislative inquiries
- Block Grant Applications
- Department Applications for Discretionary Funds
- Help the Departments identify issues in service delivery