



Ohio Department
of Mental Health



Department of Alcohol &
Drug Addiction Services

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Community Plan Guidelines for SFY 2010 – 2011

December 5, 2008

Ohio Department of Mental Health
and
Ohio Department of Alcohol and Drug Addiction Services

Community Plan Guidelines for SFY 2010 – 2011

Table of Contents

	Page
Introduction and Instructions	1
Board Mission, Vision and Value Statements	5
Section I: Current Circumstances/"As-Is" State	6
Section II: Capacity Development	15
Section III: Prevention Services	18
Section IV: Treatment and Recovery Support Services	25
Section V: Collaboration	28
Section VI: Evaluation	29
Section VII: ODADAS Waivers	30
Signature Page	32
Appendix A: Portfolio of Providers	33
Appendix B: Definitions and Evaluation Criteria for Completing Section VI Community Plan Evaluation	36
Appendix C: Community Plan Review Criteria	39

Introduction and Instructions for
Completing the Community Plan Guidelines for SFY 2010 – 2011

INTRODUCTION

Attached please find a copy of the combined ODMH/ODADAS Community Plan Guidelines and Review Criteria. These guidelines, which will cover SFY 2010 and 2011, 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.

This year, Board Community Plans will be submitted on-line through a web-based tool currently being developed with an expected completion date of December 31, 2008. Plans submitted to the Departments through the web-based tool will be reviewed by a joint ODMH/ODADAS team and Boards will receive one set of feedback on strengths of the plan, areas in which the plan could be strengthened and areas in which technical assistance may be recommended. 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 first ODMH/ODADAS combined 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 shared community priorities.

In summary, the Community Plan Guidelines for SFY 2010-2011 place an emphasis in clarity of outcomes and results within a planning process. Boards are asked to describe Board Investor Targets (outcomes) that are consistent with and contribute to Department Investor Targets (outcomes) as well as to describe a plan for verifying that results are achieved.

INSTRUCTIONS FOR COMPLETING THE COMMUNITY PLAN GUIDELINES FOR SFY 2010 - 2011

Application and Approval Process

The Community Plan for Alcohol, Drug Addiction and Mental Health Services for SFY 2010 – 2011 is due by **April 13, 2009**. Boards are required to submit their plan to ODMH and ODADAS using a web-based tool that is currently under development. More information and instruction on the use of the web tool will be sent under separate cover.

All Boards (ADAMHS, ADAS and CMH) must also submit two original hard copies of the completed signature page (page 33 of the guidelines) to:

**ATTN: Matt 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 tentative approval or any required modifications or additions. Complete application approval can occur only after:

- ❖ ODMH and ODADAS receive and approve the SFY 2010 – 2011 Community Plan;
- ❖ SAMHSA notifies ODADAS of its final SAPT Block Grant award for FFY 2009;
- ❖ Boards are informed of their final allocations for SFY 2010 by ODADAS.
- ❖ ODMH receives written notification of the decision to opt in or opt out from ADAMHS and CMH Boards. In addition, Boards will need to provide their bed days by hospital site.
- ❖ ADAMHS and CMH Boards have an approved and signed Continuity of Care Agreement with its local state psychiatric hospital.

The Community Plan Guidelines are available on the ODMH and ODADAS website: www.mh.state.oh.us and www.ada.oh.gov . Applications will only be accepted via web submission.

Completing the Guidelines

Boards can complete responses to each required item in Microsoft Word or WordPerfect and cut and paste the responses into the web based tool under development. The Board is expected to provide a response to all items in the Guidelines that are identified.

Regional Forums

In order to assist Boards in completing the application and introducing boards to the web tool for submission of the plan, regional forums will be held. This year, in response to budget and time constraints, we will be conducting all but the Columbus forum via video conferencing technology. Dates and times for the regional forums are:

Monday, 12/15 from 10:00 AM -12:30 PM: The **SW & NW Collaborative Boards** with the hospital sites being Summit & Toledo.

Thursday, 12/18 from 9:30 AM -12:00 PM: The **Heartland Collaborative Boards** with the hospital site being Video Conference Site will be Heartland.

Friday, 12/19 from 9:30 AM – 12:00 PM: **Central Ohio Boards** will meet at Rhodes State Office Tower 806A. This will not be a video conference.

Friday, 12/19 from 1:00 PM – 3:30 PM: The **NE Collaborative Boards** and **SE Collaborative Boards** with the hospital sites being Cleveland, Northfield and Athens. Cambridge will also be an available site. Members of the Southern Consortium should work with Steve Trout for local connections.

Plan Review and Questions

Review criteria are attached in Appendix C 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 the Chief of the Division of Planning, Outcomes and Research at ODADAS and Carol Hernandez, Assistant Deputy Director, Program Policy and Development at ODMH. A substantive change involves changing a Board's priorities and/or investor targets. If the Departments do not respond within 30 days of the date of receipt, the revision will be considered approved.

ODADAS Waivers

While waiver requests are rare, ODADAS has implemented a waver process for which ADAMHS/ADAS Boards may apply regarding: 1) inpatient hospitalization services and 2) generic services. Waiver forms and instructions are attached.

[INSERT BOARD NAME]

COMMUNITY PLAN FOR SFY 2010-2011

[Insert Date Submitted]

Please provide the Board's mission, vision, and values statements:

MISSION STATEMENT

(Insert here.)

VISION STATEMENT

(Insert here.)

VALUE STATEMENTS

(Insert here.)

SECTION I: CURRENT CIRCUMSTANCES/ “AS-IS” STATE

Describing the current circumstances, or “as-is” state of the Board’s alcohol, drug addiction and mental health prevention and treatment services entails several elements. These include an explanation of the legal and environmental context of the plan, characteristics of customers and the capacity to provide services.

The capacity to provide services includes the explanation of several dimensions: access to services, workforce development and cultural competence, capital improvements, financial status and a portfolio of providers.

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 to the Community Plan will help to inform these efforts.

I. Legal Context of the Community Plan

(The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, the Alcohol and Drug Addiction Services (ADAS) Board or the Community Mental Health Services (CMH) Board) is 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. Four ADAS Boards submit plans to ODADAS, four CMH Boards submit plans to ODMH, and 46 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) 2010 – 2011 (July 1, 2009 through June 30, 2011).

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 evaluating 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 evaluating substance abuse programs;
- 5) Promote, arrange and implement working agreements with public and private social 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)

An 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 an HIV Early Intervention Investor Target 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.

II. Environmental Context for the Community Plan

A. Board Area and Clients Served

1. *Description of Board Area: Provide a narrative that describes relevant information about the Board area, including but not limited to major achievements from the previous Plan (SFY 2008 -2009), sociodemographic, economic and cultural aspects of the service area.*

II.A.1. Response Needed from ADAMHS, ADAS, CMH Boards

There are 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.

In responding to 2a-2d. below, a description of client characteristics **must include separate sections for elderly (65 and older), adult (18 – 64) and youth/child (aged 0 -17)**. Client characteristics may include, but are not limited to, or required to include a description of the service population by: Gender, Race, SMD or SED Status, Diagnostic Group, Employment, Living Situation, Education, Marital Status, Special Population Status (i.e., MR/MI, SA/MI, deaf, blind, forensic, newly arriving immigrants, veterans, ex-offenders), Referral Source, Income Source, Income Level, Custody or Mandated Treatment Status.

Data Sources that may be of help include:

Medicaid/Non-Medicaid status can be obtained from the Claims Data Mart. For the MACSIS Data Mart, go to: <http://www.dwcubes.mh.state.oh.us/>

Client characteristics for mental health consumers can be obtained from the MACSIS Data Mart, the Outcomes Data Mart, and/or the Board's own database of BH Module records. For the Outcomes Data Mart, go to: <http://www.mh.state.oh.us/oper/outcomes/data.mart.index.html>

2. *Describe the characteristics of customers/clients currently served including recent trends such as changes in services and populations:*
 - a. *Substance Abuse Prevention Services*

II.A.2.a. Response Needed from ADAMHS, ADAS Boards

b. Substance Abuse Treatment and Recovery Support Services

II.A.2.b. Response Needed from ADAMHS, ADAS Boards

*c. Mental Health Prevention, Consultation & Education (P, C & E) Services
(Response must include a discussion of Crisis Intervention Teams.)*

II.A.2.c. Response Needed from ADAMHS, CMH Boards

d. Mental Health Treatment and Recovery Support Services (Recovery Support Services include Housing/Residential; Employment; WMR (or similar programs, e.g., Bridges, WRAP), respite beds, self-help/peer support, consumer operated service, clubhouse, social/recreational service, etc.)

II.A.2.d. Response Needed from ADAMHS, CMH Boards

e. For ADAMHS and CMH Boards, please indicate in the following table which Crisis Care Services were provided in SFY 2009 and which the Board is planning to fund in SFY 2010-11. For items with an asterisk () indicate "yes" only in cases where the Board will contract with an agency that is certified by ODMH to provide crisis intervention mental health service.*

II.A.2.e. MENTAL HEALTH CRISIS CARE SERVICES		
Service Area	Available in SFY 2009?	Planned for SFY 2010-2011?
Community Resources & Coordination		
24/7 Hotline	Y/N	Y/N
24/7 Warmline	Y/N	Y/N
Police Coordination/CIT	Y/N	Y/N
Disaster Preparedness	Y/N	Y/N
School Response	Y/N	Y/N
Respite Beds for Adults	Y/N	Y/N
Respite Beds for Children & Adolescents (C&A)	Y/N	Y/N
Other (Please specify in text box, below:)		
Face-to-Face Capacity for Adult Consumers		
24/7 On-Call Psychiatric Consultation	Y/N	Y/N
24/7 On-Call Staffing by Clinical Supervisors	Y/N	Y/N

24/7 On-Call Staffing by Case Managers	Y/N	Y/N
Mobile Response Team	Y/N	Y/N
Other (Please specify in text box, below:)		
Central Location Capacity for Adult Consumers		
Crisis Care Facility*	Y/N	Y/N
Hospital Emergency Department*	Y/N	Y/N
Hospital contract for Crisis Observation Beds*	Y/N	Y/N
Transportation Service to Hospital or Crisis Care Facility	Y/N	Y/N
Other (Please specify in text box, below:)		
Face-to-Face Capacity for C&A Consumers		
24/7 On-Call Psychiatric Consultation	Y/N	Y/N
24/7 On-Call Staffing by Clinical Supervisors	Y/N	Y/N
24/7 On-Call Staffing by Case Managers	Y/N	Y/N
Mobile Response Team	Y/N	Y/N
Other (Please specify in text box, below:)		
Central Location Capacity for C&A Consumers		
Crisis Care Facility*	Y/N	Y/N
Hospital Emergency Department*	Y/N	Y/N
Hospital contract for Crisis Observation Beds*	Y/N	Y/N
Transportation Service to Hospital or Crisis Care Facility	Y/N	Y/N
Other (Please specify in text box, below:)		

II.A.2.e.(continued) Response Needed from ADAMHS, CMH Boards for Table where “Other” was identified

- i. Please discuss how the Board plans to address any gaps in the crisis care services indicated by ORC 5122-29-10(B):*

II.A.2.d. i. Response Needed from ADAMHS, CMH Boards for Table where “Other” was identified

- ii. 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 2010-11.*

II.A.2.d.ii. Response Needed from ADAMHS, CMH Boards

B. Capacity to Provide Services:

1. Access to Services

- a. *Identify the major issues or concerns for individuals attempting to access alcohol and drug 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 or ex-offenders.*

II.B.1.a. Response Needed from ADAMHS, ADAS Boards

- b. *Identify the major issues or concerns for individuals attempting to access mental health prevention, recovery support, and treatment services in the Board area. Please discuss Board efforts to meet the needs of Board defined priority populations.*

II.B.1.b. Response Needed from ADAMHS, CMH Boards

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 alcohol, drug and mental health services. Does the local service system have sufficient qualified licensed and credentialed staff to meet its service delivery needs for substance abuse and mental health services? If "no", identify the areas of concern and workforce development needs. .*

II.B.2.a. Response Needed from ADAMHS, ADAS, CMH Boards

- b. *Describe the Board's current activities, strategies, successes and challenges in building a local system of care that is culturally competent for:*
 - (1) *Mental Health Treatment Services (ADAMHS/CMH)*
 - (2) *Substance Abuse Treatment Services (ADAMHS/ADAS)*
 - (3) *Mental Health Prevention, Consultation & Education Services (ADAMHS/CMH)*
 - (4) *Substance Abuse Prevention Services (ADAMHS/ADAS)*

ADAMHS and ADAS Boards, 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 or ex-offenders

II.B.2.b.1. Response Needed from ADAMHS Boards

II.B.2.b.2. Response Needed from ADAMHS Boards

II.B.2.b.3. Response Needed from ADAMHS Boards
II.B.2.b.4. Response Needed from ADAMHS Boards

II.B.2.b.2. Response Needed from ADAS Boards
II.B.2.b.4. Response Needed from ADAS Boards

II.B.2.b.1. Response Needed from CMH Boards
II.B.2.b.3. Response Needed from CMH Boards

3. Capital Improvements

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

II.B.3.a. Response Needed from ADAMHS, ADAS, CMH Boards

4. Financial Status

ODMH is requiring ADAMHS and CMH Boards to complete a proposed mental health budget and narrative with the plan. This budget will be based on the funding levels of the Governor's recommended budget (i.e. the introduced version of the budget bill) and due with the Plan.

A preliminary allocation spreadsheet for individual Board allocations will be provided after the recommended budget is released. If changes occur in the appropriation amounts between the introduced version of the bill and the final enactment of the biennial budget, Boards will be asked to submit an amended budget and narrative by August 31, 2009. Both templates will be available on ODMH's web-site after the budget bill is introduced.

For ODADAS and ODMH funds please answer the following questions:

- a. Describe the services that will be reduced with a potential reduction in state funding of 10 percent (reduction in number of people served, reduction in volume of services, types of services reduced, etc). Please identify how this reduction in services affects specific populations such as minorities, veterans and "high-risk" groups.

II.B.4.a. Response Needed from ADAMHS, ADAS, CMH Boards

- b. In the last several years, what factors (e.g., technology, training, staff turnover) have contributed to the costs of services provided?

II.B.4.b. Response Needed from ADAMHS, ADAS, CMH Boards

- c. What cost-saving measures and operational efficiencies have been implemented to reduce program costs?

II.B.4.c. Response Needed from ADAMHS, ADAS, CMH Boards

- d. Describe any other budgetary planning efforts the Board is preparing for the next fiscal year.

II.B.4.d. Response Needed from ADAMHS, ADAS, CMH Boards

5. Tables 1 & 2: Portfolio of Providers

See Appendix A for instructions and to complete Table 1 for Alcohol and Other Drug Services Providers and Table 2 for Mental Health Service Providers. These tables are used in part to gather information on evidence based practices for reporting to the Substance Abuse and Mental Health Services Administration.

SECTION II: CAPACITY DEVELOPMENT

A. Access to Services

What is the Board's plan for addressing access issues for both AOD and MH services identified in the previous section of the plan?

A. Response Needed from ADAMHS, ADAS, CMH Boards
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B. Workforce Development and Cultural Competence

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.

What are the Board's plans for SFY 2010 and 2011 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 2010 and 2011 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.

B. Response Needed from ADAMHS, ADAS, CMH Boards
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C. Capacity Development Targets

Capacity development targets refer to infrastructure development goals that improve the system's ability to provide services. Boards are expected to align with Department targets and demonstrate that the Board's efforts are making a contribution to the achievement or success of at least one of the Department capacity targets through funding, activities, or outcomes. The capacity development targets for ODADAS and ODMH include:

ODADAS Capacity Targets

- Reduce stigma (eg., advocacy efforts).
- Addiction is recognized as a legitimate health care issue 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 adult.
- A highly effective workforce for the AOD system.
- Increase diversity of revenue sources to support Ohio's Alcohol and other drug system (e.g., apply for foundation and SAMHSA discretionary grants).
- Increase the use of "evidenced-based" policies, practices, strategies and programs in the

AOD system.

- Increase the use of data within the AOD system to make informed decisions about planning and investment.

ODMH Capacity Development Targets

- Reduce the stigma of seeking care.
- Provide mental health and other physical health services in an integrated manner.
- Maintain access to services to all age, ethnic, racial and gender categories.
- Improve cultural competence of mental health system.
- Maintain access to services in rural areas.
- Maintain/increase access to ACT, IDDT and Supported Employment, service enriched housing, peer support, CPST and WMR.
- Decrease nursing facility admissions and increase consumer choice consistent with Olmstead recommendations and 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 training in EBP's.
- Increase access to web-based training systems.
- Increase availability of professionals through HPSA in areas with shortages.
- Increase the availability of school-based mental health services.
- Increase availability of trauma-informed care.
- Increase use of best practices:
 - Wellness Management and Recovery;
 - IDDT;
 - Supported Employment;
 - CIT;
 - Intensive Home-Based Treatment (IHBT).
- Increase diversity of funding sources as reported in FIS-040 (August).
- Evaluation of services will be planned.
- Under development: Cost-effectiveness of EBP services.

1. *ADAS and ADAMHS Boards: Identify the Board's Capacity Development Targets for SFY 2010 -2011. A Board may adopt one or more of the Ohio Department of Alcohol and Drug Addiction Services' Capacity Development Targets or identify alternative Targets of their own development that are mutually agreed upon by the Department (Boards must e-mail their request to communplan@ada.ohio.gov). Indicate the ODADAS Capacity Targets to which the Board's Capacity Targets are contributing, if applicable.*

C.1. Response Needed from ADAMHS, ADAS Boards

2. *CMH and ADMAHS Boards: Identify the Board's Capacity Development Targets for SFY 2010 -2011. A Board may adopt one or more of the Department of Mental Health's*

*Capacity Development Targets or identify alternative Targets of their own development that are mutually agreed upon by the Department (Boards must e-mail their request to communplan@ada.ohio.gov). **Indicate the ODMH Capacity Targets to which the Board's Capacity Targets are contributing, if applicable.***

C.2. Response Needed from ADAMHS, CMH Boards

SECTION III: PREVENTION SERVICES

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.

A. Prevention Needs

This section of the Plan includes a description of information and data used to determine the Board's alcohol and other drug prevention and mental health prevention, consultation and education (PC&E) needs. Describe all needs identified through quantitative and qualitative sources while differentiating between met needs (enough resources are already available to address the need) and unmet needs (additional resources are needed to address the need).

1. *Describe the process the Board utilized to determine its current alcohol and other drug and mental health prevention, consultation and education needs, including data sources*

and types, methodology, time frames and stakeholders involved.

A.1. Response Needed from ADAMHS, ADAS and CMH Boards

2. *Describe the findings of the needs assessment identified through quantitative and qualitative sources while differentiating between met needs (enough resources are already available to address the need) and unmet needs (additional resources are needed to address the need). Include findings specific to:*
 - a. *alcohol and other drug prevention (ADAMHS, ADAS)*
 - b. *mental health prevention, consultation and education (PC&E) findings (ADAMHS, CMH)*

A.2.a. Response Needed from ADAMHS and ADAS Boards

A.2.b. Response Needed from ADAMHS and CMH Boards

B. Prevention Priorities

This section of the Plan prioritizes the Board's identified prevention needs. These priorities are determined locally keeping in mind the various priority populations and/or initiatives identified either by statute or ODADAS/ODMH initiatives.

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, include Maternal Depression Screenings
- Early Intervention programs

- Faith-based and culturally specific initiatives
- School-based mental health services/programs
- Stigma Reduction activities
- Crisis Intervention Training (CIT)

ODMH Priority Populations include:

- SMD—Adults*
- SED—children/adolescents*
- Consumers and family members
- Children/adolescents
- Transitional-aged Youth
- Older Adults
- Deaf and Hard of Hearing
- Military Personnel/Veterans
- Individuals involved in the criminal justice system including Forensic clients
- Individuals involved in the child welfare system

*The definition of serious emotional disturbance (SED) for children and adolescents 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.

1. Describe the process utilized by the Board to determine its prevention priorities for SFY 2010 – 2011. How did the Board decide the most important areas in which to invest their resources?

B.1. Response Needed from ADAMHS, ADAS and CMH Boards

2. Based on the identified needs, list the Board’s prevention priorities. These should be grouped in the following categories; high, medium or low.

- a. Alcohol and Other Drug Prevention (ADAMHS, ADAS)*
- b. Mental Health Prevention, Consultation and Education (PC&E) (ADAMHS, CMH)*

B.2.a. Response Needed from ADAMHS and ADAS Boards

B.2.b. Response Needed from ADAMHS and CMH Boards

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

B.3 Response Needed from ADAMHS, ADAS and CMH Boards

C. Prevention Investor Targets

Investor Targets 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 adolescent populations.

Alcohol and Other Drug Prevention Targets:

- 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 Targets:

- Programs that increase social connectedness;
- Programs that promote mental health and wellness;
- Programs that decrease the negative effects of mental illness;
- Programs that decrease the number of persons at risk of developing mental health problems and/or at risk for suicide;
- Programs that increase the number of persons that receive mental health screenings, assessments or referrals to services;
- Programs that increase the number of formal and informal supports in diverse cultural/ethnic populations;
- Programs that increase recovery, resiliency and protective factors;
- Programs that increase the number of persons who demonstrate school bonding (success) and educational commitment;
- Programs that increase the employment of persons with emotional problems and/or mental illness;
- Programs that decrease or eliminate stigma related to emotional problems and mental illness; and
- Programs that increase the number of persons involved in the criminal justice system who receive mental health services.

- 1. Identify the Board's Prevention Investor Targets for SFY 2010--2011. A Board may adopt one or more of the ODADAS or ODMH Investor Targets or identify alternative Investor Targets of their own development that are mutually agreed upon by ODADAS and ODMH. ADAMHS Boards must identify at least one ODADAS target and one ODMH target. ADAS Boards must identify at least one ODADAS target. CMH Boards must identify at least one ODMH target. Indicate the ODADAS and/or ODMH Investor Target to which the Board's Investor Target is contributing, if applicable.*

C.1.Response Needed from ADAMHS, ADAS and CMH Boards

SECTION IV: TREATMENT & RECOVERY SUPPORT SERVICES

A. Treatment and Recovery Support Needs

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

A.1. Response Needed from ADAMHS, ADAS, CMH
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2. *Describe the findings of the needs assessment identified through quantitative and qualitative sources while differentiating between met needs (enough resources are already available to address the need) and unmet needs (additional resources are needed to address the need). Include findings specific to:*
 - a. *Adult residents of the district hospitalized at the regional state psychiatric hospitals (ADAMHS/CMH only);*
 - b. *Adults with severe mental disability (SMD) and children and adolescents with serious emotional disturbances (SED) living in the community (ADAMHS/CMH only);*
 - c. *Children and Families receiving services through a Family and Children's First Council;*
 - d. *Persons with substance abuse and mental illness (SA/MI);*
 - e. *Individuals receiving general outpatient community mental health services /ADAMHS/CMH only); and*
 - f. *Adults, children and adolescents who abuse or are addicted to alcohol or other drugs.*

A.2.a. Response Needed from ADAMHS and CMH Boards
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A.2.b. Response Needed from ADAMHS and CMH Boards
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A.2.c. Response Needed from ADAMHS, ADAS and CMH Boards
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A.2.d. Response Needed from ADAMHS, ADAS and CMH Boards
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A.2.e. Response Needed from ADAMHS and CMH Boards
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A.2.f. Response Needed from ADAMHS and ADAS Boards

B. Treatment and Recovery Support Priorities

1. *Describe the process utilized by the Board to determine its treatment priorities for SFY 2010 – 2011. How did the Board decide the most important areas in which to invest their resources?*

B.1. Response Needed from ADAMHS, ADAS, CMH

2. *Based on the identified needs, list the Board's treatment service priorities. These should be grouped in high, medium and low categories for alcohol and drug treatment and recovery support and mental health treatment and recovery support.*

B.2. Response Needed from ADAMHS, ADAS, CMH

3. *Based upon the Board's prioritization process, some needs may go unaddressed or under-addressed. What are the implications to other systems?*

B.3. Response Needed from ADAMHS, ADAS, CMH

C. Treatment and Recovery Support Investor Targets

ODADAS Treatment and Recovery Support Investor Targets

- Number of customers who are abstinent at the completion of the program.
- Number of customers who are gainfully employed at the completion of the program.
- Number of customers who incur no new arrests at the completion of the program.
- Number of customers who live in safe, stable, permanent housing at the completion of the program.

ODMH Treatment and Recovery Support Investor Targets

- Number of consumers reporting positively about their quality of life.
- Increase competitive employment.
- Decrease school suspensions & expulsions.
- Decrease criminal and juvenile justice involvement.
- Increase Access to Housing.
- Decrease homelessness.

1. *Identify the Board's treatment and recovery support investor targets for SFY 2010 -2011. Investor targets should be framed in terms of what projected increase or decrease in condition or behavior for individuals, families, target groups, systems and/or the communities the Board has prioritized and seeks to achieve. ADAMHS and CMH Boards must define how they will address the needs of civilly and forensically hospitalized adults, including conditional release and discharge planning. Additionally, a Board may adopt one or more of the Departments' investor targets or identify alternative investor targets of their own development that are mutually agreed upon by the Departments. Indicate the ODADAS and ODMH investor target to which the Board's investor target is contributing, if applicable.*

C.1. Response Needed from ADAMHS, ADAS, CMH

ORC 340.033(H) (HB 484)

2. *To improve accountability and clarity related to H.B. 484 programming, ADAMHS and ADAS Boards are required to develop a specific investor target related to this allocation.*

C.2. Response Needed from ADAMHS, ADAS

HIV Early Intervention

3. *ADAMHS and ADAS Boards receiving a special allocation for HIV Early Intervention Services need to develop an investor target related to this allocation.*

C.3. Response Needed from select ADAMHS, ADAS

SECTION V: COLLABORATION

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.

A. 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 trained on the Continuity of Care Agreements.

A. Response Needed from ADAMHS and CMH Boards. Include the number of system staff trained on Continuity of Care Agreements.

B. 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.

B. Response Needed from ADAMHS, ADAS, CMH

C. 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)

C. Response Needed from ADAMHS, ADAS

D. 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)?

D. Response Needed from ADAMHS, ADAS, CMH

SECTION VI: EVALUATION

Based on the Guidelines provided in Appendix B, how did the Board evaluate services?

- A. What methods does the Board plan to use to evaluate the effectiveness and efficiency of services in the overall system of care?

A.Response Needed from ADAMHS, ADAS, CMH

- B. Describe your level of collaboration (e.g., division of labor) with the agencies in evaluating services.

B.Response Needed from ADAMHS, ADAS, CMH

- C. Which services or programs does your Board see as having the highest priority for the evaluation of effectiveness and/or efficiency?

C.Response Needed from ADAMHS, ADAS, CMH

- D. Describe what you are doing with your evaluation results. How are you using the results from your evaluation of programs/services? (For those Boards utilizing the ODADAS performance management system, what is the Board's plan to determine whether the targets were achieved and how will results and learnings be communicated within the local Alcohol and other Drug system?)

D.Response Needed from ADAMHS, ADAS, CMH

- E. Does your Board rely on different strategies to evaluate Child & Adolescent services versus Adult services (Yes/No)? Please describe.

E.Response Needed from ADAMHS, ADAS, CMH

OHIO DEPARTMENT OF ALCOHOL AND DRUG ADDICTION SERVICES

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

SIGNATURE PAGE

Community Plan for the Provision of Alcohol, Drug Addiction and Mental Health Services
SFY 2010-2011

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health (CMH) 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) 2010 – 2011 (July 1, 2009 to June 30, 2010).

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 2010 - 2011, 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

Authorized ADAMHS, ADAS or CMH Board Member

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.).]

APPENDIX A:

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 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.

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 35): provider name; MACSIS UP; number of sites; program name; funding source; estimated number of clients served in SFY 2009; and estimated number of clients served in SFY 2010.

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 NREPS), 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.

TABLE I: 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	
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)			
PREVENTION										
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)				Estimated Number Served in SFY 09	Estimated Number Planned for in SFY 10
					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		
Intensive Home-based Treatment (IHBT)					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		
Supported 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		
Ohio Youth Risk Assessment (Teen Screen)					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 Services					Yes No	Yes No	Yes No	Yes No		
Older Adult Services					Yes No	Yes No	Yes No	Yes No		
Sexual Offender Services					Yes No	Yes No	Yes No	Yes No		
Consumer Operated Service					Yes No	Yes No	Yes No	Yes No		
Clubhouse					Yes No	Yes No	Yes No	Yes No		
Peer Support Services					Yes No	Yes No	Yes No	Yes No		
MI/MR Sepcialized Services					Yes No	Yes No	Yes No	Yes No		
Consumer/Family Psycho-Education					Yes No	Yes No	Yes No	Yes No		

APPENDIX B:

Definitions and Evaluation Criteria for Completing Section VI 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 data systems (MACSIS, PCS, etc.) and by measuring outcomes as those identified in the Mental Health Consumer Outcomes System or the ODADAS Performance Management approach (outcomes framework).
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 data systems (MACSIS, PCS, etc) and by measuring outcomes as those identified in the Mental Health Consumer Outcomes System or the ODADAS Performance Management approach (outcomes framework). 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. This can be operationalized as the Ohio Mental Health Consumer Outcomes System, as defined in

The Ohio Mental Health Consumer Outcomes System Procedural Manual.¹ or the ODADAS Performance Management approach (outcomes framework)

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.²
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://www.mh.state.oh.us/oper/outcomes/instruments/procedural.manual.pdf>

2 <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:

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 Current Circumstances, Capacity Development, Prevention Services, Treatment & Recovery Support Services, Collaboration, Evaluation, and ODADAS Service Waivers.

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 I: Current Circumstances/"As-Is" State
 - II. Environmental Context for the Community Plan
 - A. Board Area and Clients Served
 - 1 through 2.e.

Evaluation Guide: Environmental Context for the Community Plan – Board Area and Clients Served		
<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 and documentation).

2.d.i. & ii.

Evaluation Guide: Environmental Context for the Community Plan – Mental Health Crisis Care Services		
<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 and documentation).

B. Capacity to Provide Services
 Access to Services
 a. & b.

Evaluation Guide: Capacity to Provide Services – Access to Services		
<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 and documentation).

1. Workforce Development and Cultural Competence
 a. & b.

Evaluation Guide: Capacity to Provide Services – Workforce Development and Cultural Competence		
<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 and documentation).

2. Capital Improvements

Evaluation Guide: Capacity to Provide Services – Capital Improvements		
<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 and documentation).

3. Financial Status
 a. through d.

Evaluation Guide: Capacity to Provide Services – Financial Status		
<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 and documentation).

4. Portfolio of Providers
 Tables 1 & 2

Evaluation Guide: Capacity to Provide Services – Portfolio of Providers	
<input type="checkbox"/> Not Completed	<input type="checkbox"/> Completed

Section II: Capacity Development

A. Access to Services

Evaluation Guide: Capacity Development—Access to Services		
<input type="checkbox"/> No relationship between Current Circumstances and Capacity Development regarding Access to Services, or <input type="checkbox"/> Discontinuities between Current Circumstances and Capacity Development regarding Access to Services,.	<input type="checkbox"/> Relevant areas of Current Circumstance activities addressed in relation to Capacity Development regarding Access to Services,.	<input type="checkbox"/> There is an outstanding description of the relationship between Current Circumstances and Capacity Development regarding Access to Services,.

B. Workforce Development and Cultural Competence

Evaluation Guide: Capacity Development— Workforce Development and Cultural Competence		
<input type="checkbox"/> No relationship between Current Circumstances and Capacity Development regarding Workforce Development and Cultural Competence, or <input type="checkbox"/> Discontinuities between Current Circumstances and Capacity Development regarding Workforce Development and Cultural Competence.	<input type="checkbox"/> Relevant areas of Current Circumstance activities addressed in relation to Capacity Development regarding Workforce Development and Cultural Competence.	<input type="checkbox"/> There is an outstanding description of the relationship between Current Circumstances and Capacity Development regarding Workforce Development and Cultural Competence.

C. Capacity Development Targets
1. & 2.

Evaluation Guide: Capacity Development— Capacity Development Targets	
<input type="checkbox"/> Board has not identified at least one Capacity Development Target that is consistent with ODADAS/ODMH defined Targets, and/or <input type="checkbox"/> Board has not received prior approval from the appropriate Department for Capacity Development Target(s) different than those defined by ODADAS/ODMH	<input type="checkbox"/> Board has identified at least one Capacity Development Target that is consistent with ODADAS/ODMH defined Targets, and/or <input type="checkbox"/> Board has received prior approval from the appropriate Department for Capacity Development Target(s) different than those defined by the ODADAS/ODMH

Section III: Prevention Services

A. Prevention Needs

1. & 2.

Evaluation Guide: Prevention Services—Prevention Needs		
<input type="checkbox"/> Did not describe any processes used to identify met and unmet prevention needs, or <input type="checkbox"/> Partial description of processes used to identify met and unmet prevention needs, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify met and unmet prevention needs.	<input type="checkbox"/> A success model for conducting a prevention needs assessment.

B. Prevention Priorities

1. and 2.

Evaluation Guide: Prevention Services—Prevention Priorities		
<input type="checkbox"/> Did not describe any processes used to identify prevention priorities and implications to other systems of needs not prioritized, or <input type="checkbox"/> Partial description of processes used to identify prevention priorities and implications to other systems of needs not prioritized, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify prevention priorities and implications to other systems of needs not prioritized.	<input type="checkbox"/> A success model for conducting a prevention prioritization.

C. Prevention Investor Targets

Evaluation Guide: Prevention Services— Investor Targets	
<input type="checkbox"/> Board has not identified at least one Prevention Investor Target that is consistent with ODADAS/ODMH defined Targets, and/or <input type="checkbox"/> Board has not received prior approval from the appropriate Department for Prevention Investor Target(s) different than those defined by ODADAS/ODMH	<input type="checkbox"/> Board has identified at least one Prevention Investor Target that is consistent with ODADAS/ODMH defined Targets, and/or <input type="checkbox"/> Board has received prior approval from the appropriate Department for Prevention Investor Target(s) different than those defined by the ODADAS/ODMH

Section IV: Treatment & Recovery Support Services

A. Treatment and Recovery Support Needs

1. & 2.

Evaluation Guide: Treatment & Recovery Support Services—Needs

<input type="checkbox"/> Did not describe any processes used to identify met and unmet treatment & recovery support needs, or <input type="checkbox"/> Partial description of processes used to identify met and unmet treatment & recovery support, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify met and unmet treatment & recovery support needs.	<input type="checkbox"/> A success model for conducting a treatment & recovery support needs assessment.
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B. Treatment and Recovery Support Priorities
1. through 3.

Evaluation Guide: Treatment & Recovery Support Services—Priorities		
<input type="checkbox"/> Did not describe any processes used to identify treatment & recovery support priorities, list them and describe implications to other systems of needs not prioritized, or <input type="checkbox"/> Partial description of processes used to identify treatment & recovery support priorities, list them and describe implications to other systems of needs not prioritized, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify treatment & recovery support priorities, list them and describe implications to other systems of needs not prioritized.	<input type="checkbox"/> A success model for conducting a treatment & recovery support prioritization.

C. Treatment and Recovery Support Investor Targets
1. through 3.

Evaluation Guide: Treatment and Recovery Support Services— Investor Targets	
<input type="checkbox"/> Board has not identified at least one Prevention Investor Target that is consistent with ODADAS/ODMH defined Targets (including HB 484 & HIV early intervention for AOD), and/or <input type="checkbox"/> Board has not received prior approval from the appropriate Department for Prevention Investor Target(s) different than those defined by ODADAS/ODMH	<input type="checkbox"/> Board has identified at least one Prevention Investor Target that is consistent with ODADAS/ODMH defined Targets (including HB 484 & HIV early intervention for AOD), and/or <input type="checkbox"/> Board has received prior approval from the appropriate Department for Prevention Investor Target(s) different than those defined by the ODADAS/ODMH

Section V: Collaboration

A. State Psychiatric Hospitals

Evaluation Guide: Collaboration—State Psychiatric Hospital Continuity of Care Agreements		
<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.

B. through D.

Evaluation Guide: Collaboration —General Hospital Psychiatric Units, County Commissioners & Constituents, including consumers and the general public.		
<input type="checkbox"/> Did not describe any processes used to identify collaboration in need assessment & prioritizing, planning, implementation and evaluation, or <input type="checkbox"/> Partial description of processes used to identify collaboration in need assessment & prioritizing, planning, implementation and evaluation, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify collaboration in need assessment & prioritizing, planning, implementation and evaluation.	<input type="checkbox"/> A success model for conducting collaboration in need assessment & prioritizing, planning, implementation and evaluation.

Section VI: Evaluation

A. through E.

Evaluation Guide: Evaluation Planning and Practices		
<input type="checkbox"/> Did not describe any processes used to identify services/program evaluation, or <input type="checkbox"/> Partial description of processes used to identify services/program evaluation, but not well documented.	<input type="checkbox"/> Adequate description of processes used to identify services/program evaluation.	<input type="checkbox"/> A success model for conducting services/program evaluation.

Was an ODADAS Waiver Requested for:

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

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

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):
