

TREATMENT AND PREVENTION SERVICES

“Always render more and better service than is expected of you, no matter what your task may be.”

-Og Mandino

Pursuant to Chapter 340 of the Ohio Revised Code, ADAMH, CMH and ADAS Boards are the statutorily created entities given primary responsibility to plan, fund, monitor and evaluate a system of services for individuals with mental illness and substance addiction. Understandably, these are not separate activities but are interdependent, although certain initiatives or activities can be more valuable to a system depending upon identified needs and transitional issues the system is experiencing at the time. The Board is responsible, in effect, for creating and maintaining the system that provides for the delivery of mental health and alcohol and drug addiction services at the local level.

Service Planning and Delivery

Community Planning

Each Board is required to prepare and submit a plan(s) for the provision of alcohol and drug addiction and/or mental health services in its district to ODADAS and/or ODMH, depending on the type of Board. The ODADAS plan is commonly referred to as the “Community Plan for the Provision of Alcohol and Other Drug Addiction Services” and the ODMH plan is commonly referred to as the “Mutual Systems Performance Agreement” (MSPA). Both plans constitute a Board’s application for funds from the respective department and must be prepared in accordance with guidelines established by the departments. Current versions of the plans can be found on the Departments’ websites. See the Fiscal Responsibilities Chapter for more information about the community plans.

Required Consultations

ADAMH, CMH and ADAS Boards are required to work in cooperation with other local and regional planning and funding bodies, as well as relevant ethnic organizations, in assessing community needs, setting priorities and developing plans for the operation of facilities and services.

Boards are also statutorily mandated to participate in a variety of other local forums that are intended to foster planning coordination. For example, Boards must be represented on their local Family and Children First Councils to ensure that families with multiple needs receive appropriate services in a respectful, timely and coordinated manner. See the Collaborations Chapter for further information.

Service Delivery

Except in a few very narrowly defined circumstances, Boards are not permitted to directly provide services or operate a facility or program [Ohio Revised Code Sections 340.03(A)(8)(b) and 340.033(F)]. Instead, Boards contract with community-based agencies to provide an array

of mental health and alcohol/drug addiction services that may include counseling, community support, prevention, crisis intervention, continuing care, housing development and management, vocational and employment support services. Section 340.09 of the Revised Code lists the mental health-related services that ODMH will reimburse Boards for providing through contracts with their agencies, if funds are appropriated for that purpose by the General Assembly. Section 3793:2-1-08 of the Administrative Code lists the alcohol and drug addiction treatment services ODADAS recognizes that may be used in the treatment of alcohol and other drug addiction. In accordance with federal and state requirements, ADAS and ADAMH Boards are required to use at least 20 percent of Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding and 20 percent of ODADAS' general revenue funds for the purchase of prevention services. In their respective community plans Boards list which of the mental health and drug and alcohol addiction services they intend to provide or purchase.

Priority Populations

When planning for the delivery of mental health and/or drug and alcohol addiction services, Boards are statutorily mandated to prioritize certain populations. In addition, Boards are required to give priority status to populations identified at both the federal and state level each year. Boards must also identify priority populations at the local level as part of the ODMH and ODADAS community planning process.

Pursuant to Section 340.011(A)(5) of the Ohio Revised Code, persons with a severe mental disability (SMD) and children and youth with a serious emotional disturbance (SED) are to be considered priority populations in the planning for and delivery of community mental health services.

For alcohol and drug addiction services, Section 340.15 of the Revised Code requires ADAMH and ADAS Boards to give priority status to services provided to the parents, guardians or custodians of children assessed to be at imminent risk of being abused or neglected because of a drug or alcohol addiction of that parent, guardian or custodian of the child. Such services are to be given priority over all others *except* for services provided to addicted pregnant women. Section 340.033(H) of the Ohio Revised Code requires Boards to make addicted pregnant women a priority over all other populations when setting priorities and developing plans for the operation of alcohol and drug addiction programs.

Currently, ODMH and ODADAS list priority populations for the biennium in their respective community plan guidelines.

State and Federal priorities need to be integrated with a Board's identified community needs. This can best be accomplished by assessing what types of services are needed, when services are needed, where services are needed and how services can best be provided.

Executive Director and Board Member Requirements

The Board of Directors of an ADAMH, CMH or ADAS Board is responsible for determining what services will be provided and funded by the Board based on *state law requirements* and *community needs* as well as by monitoring the delivery of those services. The Executive Director

of a Board is responsible for supervising services and facilities contracted for by the Board, providing consultation to agencies, recommending changes to the Board of Directors to increase the effectiveness of services, conducting studies for the promotion of mental health and the prevention of mental illness, emotional disorders, and addiction to alcohol and drugs, and encouraging the development and expansion of mental health and alcohol and drug addiction programs (Ohio Revised Code Section 340.04).

The Board's Executive Director is required to be a qualified mental health professional and/or a qualified alcohol or drug addiction services professional with experience in administration or a professional administrator with experience in mental health and/or alcohol or drug addiction (Ohio Revised Code Section 340.032).

Board members, pursuant to Ohio Revised Code Sections 340.02 and 340.021, must be residents of one of the counties that the Board serves and interested in mental health programs and facilities or in alcohol or drug addiction programs, depending on the type of Board. As discussed more fully in the Board Governance Chapter, the Director of the Ohio Department of Mental Health is the appointing authority for some of the members of an ADAMH or CMH Board and the Director of the Ohio Department of Alcohol and Drug Addiction Services is responsible for appointing some of the members of an ADAMH or ADAS Board. When making these appointments, the Director of ODMH must ensure that at least one of each of the following individuals are represented on the Board: a psychiatrist, a mental health professional, a person who has received or is receiving mental health services paid for by public funds, and a parent or other relative of such a person. Similarly, the Director of ODADAS must ensure that at least one of each of the following individuals are represented on the Board: a professional in the field of alcohol or drug addiction services, a person who has received or is receiving services for alcohol or drug addiction, a parent or other relative of such a person, and an advocate for persons receiving treatment for alcohol or drug addiction (Ohio Revised Code Sections 340.02 and 340.021).

General Board Responsibilities Pertaining to Clinical Services

Utilization Review

All Boards are required to establish a utilization review process as part of their contract for services with a mental health agency or alcohol and drug addiction program. Utilization review is typically used by a payee of services to determine whether a provider has delivered services in the proper amount, duration and intensity. The Board may establish this process in a way that is most effective and efficient in meeting local needs. Ohio Revised Code Sections 340.03(A)(8)(a) and 340.033(C).

Central Pharmacy

The Ohio Department of Mental Health's Central Pharmacy Outpatient Unit supplies medication to individuals with mental illnesses meeting certain eligibility criteria. ADAMH and CMH Boards and the community mental health centers they contract with, together determine eligibility using financial and clinical eligibility guidelines. Boards are responsible for the costs of such medications, and Central Pharmacy directly administers the billing and payment function for the Community Medication Subsidy Line Item 419 on behalf of the Board.

Crisis Services

Boards are responsible for the provision of emergency and crisis services where the crisis occurs, regardless of the client's official residency assignment. For non-Medicaid mental health services, the Board providing the service is responsible for crisis intervention services up to three days. For ODADAS, non-Medicaid emergency services include Level I services (Assessment, Individual Counseling, Group Counseling, Case Management, Crisis Intervention, Alcohol/Drug Urinalysis, Medical/Somatic, Methadone Administration and Intensive Outpatient services), plus Level III and Level IV ambulatory detoxification services provided for three days or until linkage to treatment is established in the "home county". The Board in which the client is enrolled is responsible for the payment of these out-of-county crisis/emergency services.

Standing Committee on Alcohol and Drug Addiction Services

ADAMH Boards are required to establish a standing committee on alcohol and drug addiction services to make recommendations to the Board on the following matters: the community plan submitted to ODADAS, the Board's annual budget for alcohol and drug addiction services, the alcohol and drug addiction programs to be funded by the Board, and guidelines for the evaluation of alcohol and drug addiction programs.

The standing committee must meet a minimum of three times a year and be comprised of eight members (Ohio Revised Code Section 340.022). Of the eight members, four must be Board members appointed by the Director of ODADAS, professionals in the field of alcohol and drug addiction services, or advocates for persons receiving treatment for alcohol or drug addiction. Two must be current Board members selected by the Board and the remaining two must be residents of the Board area who are not Board members but who would otherwise be qualified to serve as Board members. One of those residents must be a person who has received or is receiving services for alcohol or drug addiction and one must be a parent or other relative of such person. The two residents are to be appointed to four-year terms of office as committee members and may be reappointed to not more than one subsequent term of office. The committee must adopt recommendations by a majority vote of its members and present its recommendations to the Board for consideration.

Chief Clinical Officer

Some ADAMH and CMH Boards have a Chief Clinical Officer (CCO) on staff and some choose to delegate this role to one of its agencies. Board's are not required to have a CCO on staff or appointed at one of its agencies unless the Board has elected to accept commitments or the agency has been designated to accept commitments. Typically, a CCO is responsible for the duties described in Section 5122 of the Ohio Revised Code in regards to approving voluntary admissions to state hospitals, monitoring patients committed to the Board or one of its agencies for out- or in-patient services, and collaborations with assessment agencies and the Probate Court regarding emergency admissions and the involuntary civil commitment process.

At the Board level, the CCO is required to be a licensed physician but an agency-designated CCO may be a licensed physician or a licensed clinical psychologist pursuant to 5122.01(K) of the Revised Code.

See Section 5122 of the Ohio Revised Code for further information about the role of a CCO and see the Sample CCO Position Description in the Appendix for additional duties generally required of a Board or agency-designated Chief Clinical Officer.

Additional Considerations

In addition to the required Alcohol and Drug Addiction Standing Committee, ADAMH Boards could also choose to develop a Mental Health Standing Committee to make recommendations to the Board in regards to mental health-specific issues and decisions.

Ohio's Coordinating Centers of Excellence Initiatives: Ohio's mental health system is supported by the training and educational resources available through its Coordinating Centers of Excellence (CCOE). The CCOEs are expert resources responsible for promoting evidence-based practices through education, training, and ongoing feedback. Currently there are nine CCOEs:

- Center For Learning Excellence
- Center for Innovative Practices in Youth and Family Mental Health
- Ohio Medication Algorithm Project (OMAP)
- Substance Abuse/Mental Illness (SAMI) CCOE
- Ohio CCOE for Illness Self-Management & Recovery
- Cluster-Based Planning Alliance CCOE
- Criminal Justice CCOE
- CCOE for Dually Diagnosed: Mental Illness and Mental Retardation-Developmental Disabilities (MI/MR-DD)
- Consolidated Culturalogical Assessment Tools (C-CAT)

For more information about Ohio's CCOE Initiatives, see the Department of Mental Health's website at: <http://www.mh.state.oh.us/ccolist.doc>