

## **LAKE COUNTY ADAMHS BOARD**

### **FY12 SERVICE SPECIFICATIONS**

Note: A Proposer must submit one Program Summary for each service proposed. A Proposer must provide a complete narrative program description in response to the Service Specifications *ONLY* if there has been a substantial change in the program. If no change has occurred, Provider shall indicate in the narrative that no change in program description has occurred since RFP2011.

### **ALCOHOL AND DRUG ADDICTION SERVICES**

#### **OUTPATIENT TREATMENT PROGRAM**

Must comply with Ohio Department of Alcohol and Drug Addiction Services Rule 3793:2-1-08, effective 11-17-05 and 3793:2-2-01, effective 11-17-05.

Special Conditions:

- 1) Proposer(s) shall have available and provide, at a minimum, the following Alcohol and Drug Addiction Treatment Services, in accordance with Rule 3793:2-1-08 of the Administrative Code:
  - a) Assessment
  - b) Individual and Group Counseling
  - c) Crisis Intervention
  - d) Case Management

#### **AoD MEDICAL SOMATIC**

Must comply with Ohio Department of Alcohol and Drug Addiction Services Rule 3793:2-1-08, effective 11-17-05 and 3793:2-2-01, effective 11-17-05.

#### **AoD INTENSIVE OUTPATIENT SERVICES**

Must comply with Ohio Department of Alcohol and Drug Addiction Services Rule 3793:2-1-08, effective 11-17-05 and 3793:2-2-01, effective 11-17-05.

Special Conditions:

The following additional requirements apply to the Intensive Outpatient Services "*Jail Treatment Program*":

- 1) This grant will contribute to the funding of a certified chemical dependency treatment team to provide Intensive Outpatient Services to consumers incarcerated on a range within the Lake County Jail. Referrals into this program will be through the Lake County Common Pleas and Municipal Court Judges. To be considered for treatment, adults will have been committed to service sentences of 45 days or longer for misdemeanors or felonies of the third or fourth degree. Treatment will be provided during the last 30 days of incarceration for Lake County offenders who are chemically dependent as determined by assessment of the treatment team.

- 2) Funding for the treatment team is contingent upon the continued success of the jail Treatment Program to provide services to referrals from the Municipal Courts who are eligible for Indigent Drivers Treatment Fund reimbursement.
- 3) The program will work closely with other Lake County ADA service providers.
- 4) This program will be provided in close cooperation with the Lake County Sheriff and the Lake County Commissioners.

**AoD NON-MEDICAL COMMUNITY RESIDENTIAL TREATMENT – INCLUDES R&B**

Must comply with Ohio Department of Alcohol and Drug Addiction Services Rule 3793:2-5-01, effective 11-17-05.

Special Conditions:

- 1) Proposer(s) shall be certain that their program description details the array of services provided in the residential treatment program.
- 2) In describing the staffing pattern, Proposer(s) shall address the issue of availability of staff to respond to crises.
- 3) Proposer(s) shall demonstrate that a majority of Lake County dollars will be used to purchase services for Lake County residents.

**AoD PREVENTION**

Proposer(s) shall ensure that funds designated as primary prevention shall be expended (1) for programs for individuals who do not require treatment for substance abuse, (2) for programs which shall educate and counsel the individuals on abuse and (3) for programs which provide for activities to reduce the risk of such abuse by the individuals. The Board shall give priority to programs for populations that are at risk of developing a pattern of such abuse and ensure that programs receiving priority develop community-based strategies for the prevention of such abuse, including strategies to discourage the use of alcoholic beverages and tobacco products by individuals to whom it is unlawful to sell or distribute such beverages or products.

Prevention Services include the following:

- 1) Alternatives
- 2) Community-Based Process
- 3) Education
- 4) Environmental
- 5) Information Dissemination
- 6) Problem Identification and Referral

**AoD CLUSTER RESIDENTIAL – YOUTH**

See definition and specifications listed under “Mental Health Services Targeted at Children/Adolescents and their Families”.

## **MENTAL HEALTH SERVICES**

### **CRISIS INTERVENTION MH SERVICES**

Must comply with Ohio Department of Mental Health certification standard 5122-29-10, effective 7-15-01.

#### Special Conditions for **Community Based Crisis Services**:

- 1) Proposer(s) shall specify how monitoring of service delivery to consumers in their natural environment or in an agency shall be accomplished in collaboration with the Board Quality Improvement monitoring process.
- 2) Proposer(s) shall specify how outcomes indicators will be developed and implemented in collaboration with the Board evaluation process.
- 3) For crisis intervention services provided outside the Lake Hospitals Emergency Department, Proposer(s) shall establish criteria for waiting times for crisis intervention services. When guidelines are exceeded, Proposer(s) shall implement clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.
- 4) Board Bed oversight:  
For any board bed patient who is in need of in-patient psychiatric admission, upon admission the patient will be approved for **3 board bed days**.  
If the patient appears to need additional days, the following will take place:
  - a) Any additional days must be approved by the Emergency Services Coordinator or their designee.
  - b) A **Formal Utilization Review** from Windsor-Laurelwood UR department must take place when presenting the case to Emergency Services Coordinator/designee.
  - c) The ES Coordinator/designee will make the decision to approve/not approve additional board bed days.
    - a. ES Coordinator/designee will be consulting with a Clinical Director and/or Medical Director if needed.
  - d) If approved, the Board will pay for an additional board bed day.
  - e) The UR department will need to contact ES Coordinator/designee on a **daily** basis for approval of additional board bed days.

If it is decided from the formal utilization review that additional board bed days are not approved, the ES Coordinator/designee will provide an explanation as to why this is so.

**Any days that are not approved ADAMHS will not pay for.**

- 5) Monthly or upon request Community Based Crisis Team will provide ADAMHS Board with a list of all board bed admissions and discharges from the month.

#### Special Conditions for **Emergency Department Based Crisis Services**:

In order to be considered, a proposal for this service must meet the following specifications when providing crisis intervention services in the setting of the Emergency Department:

- 1) Must serve all indigent Lake County residents who are in need of crisis intervention service;
- 2) Must ensure that consumer does not have any other type of insurance and must

ensure that Board Beds are made available *only* to Lake County residents who are indigent.

- 3) Weekly or upon request the Assessment Team will provide a list to the ADAMHS Board of all Board Bed placements including name, date of birth, residency and insurance information.
- 4) Must provide service within a reasonable response time so that each consumer should not wait longer than 60 minutes from the time that the MH crisis intervention is requested;
- 5) Must provide determination of the need for alternatives to inpatient hospitalization which are available to divert persons to community resources;
- 6) Must provide for appropriate interagency linkages and service agreements;
- 7) Shall submit documentation illustrating that all staff providing the service have received crisis intervention training;
- 8) Must comply with the "Protocol for Utilizing the Pre-Hospital Screening Team in Lake Health Emergency Departments".
- 9) For consumers receiving PHS service and referred to board beds:
  - a) Assessment Team will secure appropriate "Release of Information" in order to share information outlined below.
  - b) Child/Adolescent – Assessment Team will inform system's largest non-Medicaid child/adolescent service provider within 24 hours of placement.
  - c) Adult/Senior – Assessment Team will inform Community Crisis Intervention service provider within 24 hours of placement.
  - d) Clients pink slipped to emergency room by police, residential treatment facility (Willoughby Place, Madison Place, North Coast House) or Project Hope – Assessment Team will attempt to obtain a signed release of information which will enable assessment team to notify the agency/department who initiated the pink slip within 24 hours of assessment regarding the outcome of the assessment.
- 10) Other Mental Health Services – Psychiatric Oversight -- Proposer shall ensure that consultation with a psychiatrist shall be available 24 hours a day/7 days a week.

### **COMMUNITY CRISIS INTERVENTION TEAM - COORDINATION**

(Other Mental Health Services: non-healthcare)

Proposer(s) shall demonstrate plan for the management of the Lake County Community Crisis Intervention Team (CCIT). The team shall be instrumental in aiding schools, local businesses and the community in responding to mental health emergencies and crises. The team shall consist of mental health professionals from Lake County ADAMHS Board provider agencies. Proposals shall include the following components: pager carrying stipend (\$125 per month), training coordination, CALMHS participation, public relations/outreach, crisis coverage, agency coordination, administrative support.

## **BEHAVIORAL HEALTH HOTLINE SERVICE**

Must comply with Ohio Department of Mental Health certification standard 5122-29-08, effective 7-15-01.

Special Conditions:

Proposals for this service must meet the following specifications:

- 1) Must be provided in a reasonable time (no longer than five minutes);
- 2) Hotline numbers must be publicized and promoted in the community;
- 3) Must be available and accessible to all Lake County residents;
- 4) Must have established policies/procedures for the provision of and/or coordination with face-to-face assessment service and circumstances under which face-to-face contact is required;
- 5) Must have established arrangements for outreach into the community;
- 6) Must have established policies/procedures for use of and coordination with community medical services and other community service providers;
- 7) Must have established back-up crisis assistance consultation by qualified mental health professionals;
- 8) Must be accessible to hearing impaired persons;
- 9) All volunteers or professionals manning the 24-hour telephone hotline must be formally trained;
- 10) Must document all telephone contacts and their disposition.

Function of Service:

Assessment of the crisis situation and related problems of the person in crisis; provision of immediate over-the-phone assistance to a person in crisis; recommend and effect a disposition which may include referral for face-to-face assessment or for other community services; prompt screening of calls, and provision, as appropriate, of information, referral or immediate counseling to assist the caller in resolving the crisis.

## **LAKE COUNTY 211**

(Other Mental Health Services: non-healthcare)

## **MENTAL HEALTH ASSESSMENT**

Must comply with Ohio Department of Mental Health certification standard 5122-29-04, effective 7-15-01.

Special Conditions:

- 1) Proposer(s) must submit policies/procedures that demonstrate the following:
  - a) How identification and sociodemographic information shall be collected, stored and retrieved with Board's mental health information system;
  - b) How appropriate assessment information shall be collected, stored and retrieved, and;
  - c) How DSM diagnostic information shall be collected, stored, retrieved and shared with other providers to the consumer and how confidentiality will be maintained.
- 2) Proposer(s) must submit job qualifications and descriptions of staff which are consistent with 5122-29-04 of the Administrative Code.

- 3) Proposer(s) shall specify how the consumer will be involved in receiving services identified in the Individual Service Plan following the mental health assessment service.
- 4) Proposer(s) shall specify how the provider will make necessary arrangements for services needed for the consumer following the mental health assessment service.

Senior Population: Provider will define any specific programming directed toward the care of consumers with the following:

- 1) Age 60 and older
- 2) Lake County Resident
- 3) Identified as potentially Severely Mentally Disabled
- 4) Multiple challenges (medical, behavioral, social, developmental, learning, etc.)
- 5) Existence of Risk Factors, including but not limited to:
  - a. Lives alone;
  - b. Impending crisis;
  - c. Significant loss;
  - d. Prior psychiatric hospitalizations/interventions;
  - e. Lack of supports/significant others;
  - f. Poverty;
  - g. Permanent disability;
  - h. History of substance abuse;
  - i. Neurological/developmental disorders;
  - j. At risk of losing independence and requiring out-of-home placement.

Transition-Age Youth: Providers will define any specific programming directed toward the care of transition-age youth: Transition-age youth are adolescents and young adults (ages 14-25) who have a diagnosable mental illness that has led to impaired functioning in one or more life domains including housing, education and employment, quality of life functioning and life skills. Treatment provided must include best practices for serving transition-age youth incorporating the principles of recovery, resiliency and cultural competence. The overall care must be youth-guided and family driven.

### **PHARMACOLOGICAL MANAGEMENT**

Must comply with Ohio Department of Mental Health certification standard 5122-29-05, effective 7-15-01.

Special Conditions:

- 1) Proposer(s) shall specify how increasing demands for service are managed and how accessibility to this service will be measured.
- 2) Proposer(s) shall establish policies and procedures regarding frequency of visits and shall describe how this will be monitored.
- 3) Proposer(s) shall describe how face to face time between treating physician and the consumer/family will be measured and compared to established standards.
- 4) Proposer(s) shall describe how integration for dual diagnosis consumers shall be achieved.
- 5) Proposer(s) shall describe how psychiatric consultation time with clinicians and community psychiatric supportive treatment workers is monitored.
- 6) Proposer(s) shall describe how management of Central Pharmacy shall be achieved. Proposer(s) shall comply with Lake County ADAMHS Board Central

Pharmacy Policy and Procedure. Proposer(s) shall describe how Central Pharmacy is used as the last resort for medication provision and how this shall be monitored. In addition, Proposer(s) shall describe how medication inventory shall be managed and how discrepancies in inventory are reported and resolved.

- 7) Proposer(s) shall describe how management and administration of injectable medications shall be accomplished and describe how medication compliance may be achieved and monitored.
- 8) Proposer(s) shall describe how health histories are managed and integrated into a holistic process in assessing each consumer's needs.
- 9) Proposer(s) shall describe the process for ensuring continuity of medical care during transition from inpatient to outpatient status or from outpatient to inpatient status.
- 10) Proposer(s) shall describe requirements for system home visits, synthesis with system residential facilities, and other system community outreach programs and how monitoring shall be completed.
- 11) Proposer(s) shall describe how the management of all laboratory testing will be accomplished, how it will be monitored, and how non-compliance will be identified and resolved.
- 12) Proposer(s) shall describe the roles of nurses in providing consultation, triage, development of continuing education programs, and community outreach as related to the Pharmacological Management Service. If other nursing roles are utilized, Proposer(s) shall describe.
- 13) This service, when provided, must be under the direction of a licensed physician or other qualified medical personnel as defined by State Law. In addition, agency staff shall routinely observe consumer's behavior related to medications and report to the physician or licensed and qualified nursing personnel any complications arising out of a consumer's medication management.

Senior Population: Provider will define any specific programming directed toward the care of consumers with the following:

- 1) Age 60 and older
- 2) Lake County Resident
- 3) Identified as potentially Severely Mentally Disabled
- 4) Multiple challenges (medical, behavioral, social, developmental, learning, etc.)
- 5) Existence of Risk Factors, including but not limited to:
  - a) Lives alone;
  - b) Impending crisis;
  - c) Significant loss;
  - d) Prior psychiatric hospitalizations/interventions;
  - e) Lack of supports/significant others;
  - f) Poverty;
  - g) Permanent disability;
  - h) History of substance abuse;
  - i) Neurological/developmental disorders;
  - j) At risk of losing independence and requiring out-of-home placement.

Transition-Age Youth: Providers will define any specific programming directed toward the care of transition-age youth: Transition-age youth are adolescents and young adults (ages 14-25) who have a diagnosable mental illness that has led to impaired functioning in one

or more life domains including housing, education and employment, quality of life functioning and life skills. Treatment provided must include best practices for serving transition-age youth incorporating the principles of recovery, resiliency and cultural competence. The overall care must be youth-guided and family driven.

### **INPATIENT PSYCHIATRIC SERVICE**

Must comply with the Ohio Department of Mental Health certification standard 5122-29-18, effective 7-15-01.

#### Additional Specifications:

- 1) Must be available 24-hours per day, 7-days per week when admission is requested.
- 2) Must designate a psychiatrist who will manage the client's care from admission through discharge.
- 3) Must provide a bed on the most appropriate unit which meets the client's individual needs.
- 4) Must be locally accessible in order to maintain continuity with local agencies and client's family/support system.
- 5) Must provide interdisciplinary care including:
  - a) assessment of the physical/mental condition of the client
  - b) other clinical/social assessment as appropriate
  - c) clinical and supportive treatment during hospitalization
  - d) discharge planning in coordination with local community agencies
- 6) Must provide cooperation and assistance in coordination with appropriate interagency/health provider linkages.
- 7) Must provide demographic, treatment, discharge planning, interagency linkages and other information upon request to the Board.
- 8) Must provide a discharge summary to the board for each patient utilizing a board funded bed within 30 days of patient discharge.

#### Special Conditions:

- 1) Proposer(s) shall demonstrate collaborative arrangements with any adult service provider through coordination with community psychiatric supportive treatment services.
- 2) Proposer(s) shall specify how consumers, CPS workers, families (where appropriate), and other community providers, will be involved in the determination for inpatient services. Proposer(s) shall describe how admission, treatment and discharge planning will involve community providers, CPS worker, the consumer, family (when appropriate) or significant others.
- 3) Proposer(s) shall specify how monitoring of inpatient bed utilization shall be accomplished by the service team (Chief Clinical Officer, CPS worker, therapist, and significant others) in collaboration with the Board's Quality Improvement monitoring process.
- 4) Proposer(s) shall specify how inpatient care will be individualized to meet the needs of each consumer. The inpatient treatment plan shall remain congruent with the individualized service plan developed by the community service provider and consumer (when a community provider has been providing service prior to hospitalization.) Proposer(s) shall identify how consumers in an inpatient facility in need of service from community providers will be referred for services prior to discharge. Referrals and

linkages shall be done as early as possible after hospital admission and documentation shall be completed to support and monitor these efforts. All identified referrals and linkages should be completed at least forty-eight hours before discharge from inpatient care.

- 5) Proposer(s) shall specify how inpatient admissions will be approved by the Crisis Intervention Service Provider (as certified by the Ohio Department of Mental Health and authorized by the Lake County ADAMHS Board) and notification to the community psychiatric supportive treatment worker or other provider and the Alcohol, Drug Addiction and Mental Health Services Board Director of Quality and Clinical Operations will occur.
- 6) Management of inpatient services shall occur as follows:
  - a) The Crisis Intervention Service Provider will determine need for inpatient care on a daily basis.
  - b) The Treatment Team, including community providers, shall be contacted after admission of each consumer.
  - c) Inpatient stays must be reviewed by the Crisis Intervention Service Provider to determine appropriateness of continued stay. The Crisis Intervention Service Provider may seek consultation with the attending physician, other physician, treatment team, and/or ADAMHS Board staff in considering treatment options, length of stay, or other issues. For extended length of stays, the following criteria should be considered:
    - i) Substantial improvement is being demonstrated and the likelihood of discharge will be within a few days.
    - ii) No substantial improvement has been demonstrated and the likelihood of near-term substantial improvement cannot be projected.
    - iii) Transfer to another facility would likely cause substantial regression in the consumer's condition.
    - iv) Services could not be provided at an alternative site or facility.
  - d) Retrospective utilization review shall be conducted with participation of community service providers, Chief Clinical Officer, and monitoring by the Board's Director of Quality and Clinical Operations.

### **COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT**

Must comply with Ohio Department of Mental Health certification standard 5122-29-17, effective 7-15-01.

#### Special Conditions:

- 1) It shall be the responsibilities of the CPST agencies to offer CPST services to all severely mentally disabled consumers when clinically appropriate.
- 2) Proposer(s) shall describe how all CPST Services will be coordinated with other behavioral health services.
- 3) Proposer(s) shall identify and provide documentation as to how they will coordinate future planning service provision and ongoing system of care development with other Lake County behavioral health organizations.

#### Other:

May be provided as Community Psychiatric Supportive Treatment (Individual) or Community Psychiatric Supportive Treatment (Group).

Senior Population: Provider will define any specific programming directed toward the care of consumers with the following:

- 1) Age 60 and older
- 2) Lake County Resident
- 3) Identified as potentially Severely Mentally Disabled
- 4) Multiple challenges (medical, behavioral, social, developmental, learning, etc.)
- 5) Existence of Risk Factors, including but not limited to:
  - a) Lives alone;
  - b) Impending crisis;
  - c) Significant loss;
  - d) Prior psychiatric hospitalizations/interventions;
  - e) Lack of supports/significant others;
  - f) Poverty;
  - g) Permanent disability;
  - h) History of substance abuse;
  - i) Neurological/developmental disorders;
  - j) At risk of losing independence and requiring out-of-home placement.

Transition-Age Youth: Providers will define any specific programming directed toward the care of transition-age youth: Transition-age youth are adolescents and young adults (ages 14-25) who have a diagnosable mental illness that has led to impaired functioning in one or more life domains including housing, education and employment, quality of life functioning and life skills. Treatment provided must include best practices for serving transition-age youth incorporating the principles of recovery, resiliency and cultural competence. The overall care must be youth-guided and family driven.

Forensic Population:

- 1) Proposer(s) shall describe how all services in the Forensic Services Program will be coordinated with CPST services. Proposer(s) may provide CPST service or they may contract with another organization to provide CPST services to the criminal justice consumer served. If a Proposer(s) plans to provide CPST services or intends to contract with another organization, all of the provisions found in the Board's Request for Proposal for CPST services must be met.
- 2) Proposer(s) shall identify and provide documentation as to how they will coordinate future planning service provision and ongoing system of care development with other Lake County Forensic Services organizations.

### **BH COUNSELING AND THERAPY (INDIVIDUAL AND GROUP)**

Must comply with Ohio Department of Mental Health certification standard 5122-29-03, effective 7-15-01.

Special Conditions:

- 1) Proposer(s) shall provide job qualifications and descriptions which are consistent with Chapter 5122-29-03 of the Administrative Code for staff providing counseling/treatment services.
- 2) Proposer(s) may provide this counseling service through another organization. If the Proposer(s) plans to provide counseling service or intends to contract with

another organization, all of the provisions found in the Board's Request for Proposal for counseling services must be met.

- 3) Proposer(s) shall demonstrate ongoing staff training in the more advanced therapeutic models, including but not limited to: dialectical behavioral therapy and solution-focused brief therapy.
- 4) Proposer(s) shall provide evidence that all BH Counseling and Therapy staff have received training in the areas of advanced therapeutic models on an ongoing basis.
- 5) Proposer(s) shall establish guidelines for maximum numbers of therapy sessions, consistent with advanced therapeutic models. When guidelines are exceeded, Proposer(s) shall implement a clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.

**Other:**

For the purposes of ODMH UCR and MACSIS reporting, our locally purchased BH Counseling and Therapy can be translated into the following ODMH-defined services: BH Counseling and Therapy (Individual) and BH Counseling and Therapy (Group).

**Senior Population:** Provider will define any specific programming directed toward the care of consumers with the following:

- 1) Age 60 and older
- 2) Lake County Resident
- 3) Identified as potentially Severely Mentally Disabled
- 4) Multiple challenges (medical, behavioral, social, developmental, learning, etc.)
- 5) Existence of Risk Factors, including but not limited to:
  - k. Lives alone;
  - l. Impending crisis;
  - m. Significant loss;
  - n. Prior psychiatric hospitalizations/interventions;
  - o. Lack of supports/significant others;
  - p. Poverty;
  - q. Permanent disability;
  - r. History of substance abuse;
  - s. Neurological/developmental disorders;
  - t. At risk of losing independence and requiring out-of-home placement.

**Transition-Age Youth:** Providers will define any specific programming directed toward the care of transition-age youth: Transition-age youth are adolescents and young adults (ages 14-25) who have a diagnosable mental illness that has led to impaired functioning in one or more life domains including housing, education and employment, quality of life functioning and life skills. Treatment provided must include best practices for serving transition-age youth incorporating the principles of recovery, resiliency and cultural competence. The overall care must be youth-guided and family driven.

## **PARTIAL HOSPITALIZATION SERVICE**

Must comply with Ohio Department of Mental Health certification standard 5122-29-06, effective 7-15-01.

### Special Conditions:

The Partial Hospitalization Program shall consist of an integrated, coordinated, and comprehensive psychosocial rehabilitation program designed to meet the needs of the participating clients on a continuous, regularly scheduled basis. In order to be considered, a proposal for this service must meet the following specifications:

- 1) Must contain a statement of the program's purpose and philosophy which emphasizes and describes how consumer empowerment and self-determination, agency and consumer responsibilities and accountabilities, and partnership with consumers, the ADAMHS system, and external entities shall be accomplished.
- 2) Must list program goals, objectives and measurable outcome indicators.
- 3) Proposer must describe a program which emphasizes the recovery values.
- 4) Must have established policies/procedures for the provision of consumer involvement and decision-making within the program structure and scheduling process.
- 5) Must have established policies for proper food handling, preparation, cleanliness and storage which meet local Health Department regulations.
- 6) Must have established infection control policies which meet local Health Department regulations and Center for Disease Control Guidelines.
- 7) Must have established policies/procedures in coordination with the Community Psychiatric Supportive Treatment agencies including how service authorization through approval of a team consisting of a Community Psychiatric Supportive Treatment Worker, staff, and other service providers in collaboration with the Adult CCO shall be accomplished. Any consumer refusing service of a Community Psychiatric Supportive Treatment Worker shall not be excluded from consideration for use of the Partial Hospitalization Program. Proposer shall describe the mechanisms for insuring that consumers with or without Community Psychiatric Supportive Treatment Workers are provided with other appropriate services while participating in the program and upon discharge from the program.
- 8) Proposer shall demonstrate admission, discharge, and continued stay criteria which reflect goal-focused and clinical criteria as basis for decision making.
- 9) Proposer shall describe how consumer goal attainment shall be accomplished which promotes consumer accomplishments, success, and movement (where clinically relevant) elsewhere in the system or outside the ADAMHS system. At least annually, proposer shall report results attained and future planning including clinical programming, future size of the service and intrasystem and intersystem developments/plans.
- 10) At a minimum, Proposer shall describe how consumer satisfaction, program evaluation, focus groups, quality improvement, and outcome measures shall be accomplished.
- 11) Proposer shall describe how collaborative initiative with other service providers/agencies will be accomplished.
- 12) At least 90% of the service units shall go to severely mentally disabled persons with a recent hospital history or who are at substantial risk of prospective hospitalization.

## **FORENSIC SERVICES PROGRAM**

The Board intends to contract with a Provider to administer this mental health services program for the severely mentally disabled consumer involved with the forensic system. The Forensic Services Program is developed and approved by an interdisciplinary team, is community based and includes the delivery of coordinated, highly individualized services based on the specific needs of the forensic population. This program shall include the following elements, designed and delivered specifically to meet the needs of the forensic population:

- Jail Diversion Program
- Maximum Security Criminal Justice Intervention
- Forensic Monitoring
- Anger Management Counseling

All services within the Forensic Services Program shall be:

- 1) Provided on a face-to-face basis in the community or jail setting;  
Provided by staff that are qualified according to Chapter 5122-29 of the Administrative Code;
- 2) Responsive to the needs of the forensic services consumers from varied ethnic and cultural backgrounds and persons with disabling conditions;
- 3) Responsive to factors of the forensic consumer's social and physical environment that affect the person's functioning and mental health;
- 4) Conducted for the forensic consumer with appropriate and timely collateral contacts with family or guardian, and/or other agencies or individuals providing services to that forensic consumer, and;
- 5) Provided in an integrated and coordinated manner, allowing for collaboration with Providers of services not identified in the Forensic Services Program. Additionally, the selected Provider shall ensure continuity of care and continuation of existing therapeutic relationships.
- 6) Provided in a manner congruent with the Coordinated Centers of Excellence.
- 7) Provided, when appropriate, in collaboration with Mental Health Court.

All services within the Forensic Services Program shall include:

- 1) A formalized intake process which occurs in a timely and appropriate manner;
- 2) A process for referrals, as appropriate, to crisis intervention and pharmacological management services;
- 3) A formalized discharge plan, and;
- 4) Identified outcomes for each service within the Forensic Services Program.

If the Proposer(s) is not currently the identified provider for a service component within the Forensic Services Program, the Proposer(s) shall identify a plan, including timeline, to transition services components to the designated Provider agency.

## **TARGET POPULATION FOR FORENSIC SERVICES**

- 1) Lake County Resident
- 2) Identified as potentially Severely Mentally Disabled
- 3) Existence of Risk Factors, including but not limited to:
  - a) History of incarcerations;
  - b) History of parole violations;

- c) History of non-compliance with psychiatric treatment;
- d) History of substance abuse

### **JAIL DIVERSION PROGRAM**

Must comply with Ohio Department of Mental Health certification standard 5122-29-27, effective 7-15-01.

#### Special Conditions:

- 1) Proposer(s) shall describe how services in the Jail Diversion Program will be coordinated with CPS services.
- 2) Proposer(s) shall demonstrate how program provides:
  - a) Consultation to municipal courts;
  - b) Monitoring of consumers who have been identified and referred for assistance through the forensic system, and;
  - c) Training of mental health and law enforcement agencies to address needs of individuals encountering both systems on a routine basis.
- 3) Proposer(s) shall demonstrate plan to achieve the following outcomes:
  - a) Reduced local jail bed day usage for severely mentally disabled persons;
  - b) Increased referrals and recommendations for mental health services;
  - c) Increase in consumers who follow through with referrals and recommendations;
  - d) Reduced re-arrest rates for persons diverted, and;
  - e) Better coordination between forensic services and mental health systems.
- 4) Proposer(s) shall ensure compliance with all applicable reporting requirements.
- 5) Proposer(s) shall submit job qualifications and descriptions of staff, and shall specify number of staff to provide service.
- 6) Proposer(s) shall guarantee that a minimum of 55% of a staff time providing Jail Diversion shall be face-to-face contact with the forensic consumer.

### **MAXIMUM SECURITY FORENSIC SERVICES INTERVENTION**

Must comply with Ohio Department of Mental Health certification standard 5122-29-27, effective 7-15-01.

#### Special Conditions:

- 1) Proposer(s) shall describe how services in the Maximum Security Forensic Services Intervention Program will be coordinated with CPS services.
- 2) Proposer(s) shall describe how services in the Maximum Security Forensic Services Intervention Program will be coordinated with pharmacological management services within the jail.
- 3) Proposer(s) shall ensure compliance with all applicable reporting requirements, and all applicable Ohio Department of Mental Health certification standards.
- 4) Proposer(s) shall submit job qualifications and descriptions of staff, and shall specify number of staff to provide service.
- 5) Proposer(s) shall guarantee that a minimum of 55% of a staff time providing Maximum Security Criminal Justice Intervention shall be face-to-face contact with the forensic consumer.

## **FORENSIC MONITORING**

- 1) Proposer(s) shall demonstrate how forensic monitoring service complies with Ohio Revised Code Section 5119.57.
- 2) Proposer(s) shall demonstrate how forensic monitoring service complies with Ohio Department of Mental Health Forensic Manual, Document Number: MF-07, effective 2-25-03.
- 3) Proposer(s) shall describe how services in the Forensic Monitor Program will be coordinated with CPST services.
- 4) Proposer(s) shall ensure compliance with all applicable reporting requirements, and all applicable Ohio Department of Mental Health certification standards.
- 5) Proposer(s) shall submit job qualifications and descriptions of staff, and shall specify number of staff to provide service.

## **ANGER MANAGEMENT COUNSELING**

Must comply with Ohio Department of Mental Health certification standard 5122-29-03, effective 7-15-01.

### Special Conditions:

- 1) Proposer shall demonstrate the following:
  - a) How services will be delivered exclusively to individuals referred by the Forensic System and those in imminent danger of incarceration;
  - b) How anger management group counseling services will be coordinated with CPS services;
  - c) How anger management group counseling will be coordinated with other forensic services in the mental health system and in the community;
  - d) How aftercare services will be coordinated for consumers in the anger management group counseling program upon release from jail;
- 2) Proposer(s) shall provide job qualifications and descriptions which are consistent with Chapter 5122-29-03 of the Administrative Code for staff providing anger management group counseling services.
- 3) Proposer(s) shall specify number of staff to provide service and separate out costs for these providers according to the Grant-type line-item budget.
- 4) Proposer shall guarantee that a minimum of 55% of a staff time providing anger management group counseling shall be face-to-face contact with a forensic consumer.
- 5) Proposer(s) may provide this anger management group counseling service through another organization. If the Proposer(s) plans to provide anger management group counseling service or intends to contract with another organization, all of the provisions found in the Board's Request for Proposal for bh counseling and therapy services must be met.

## **HOUSING & RELATED SERVICES**

Proposer(s) shall specify housing programs to be provided. All programs shall comply with the Lake County ADAMHS Board Housing Plan.

## **HOUSING SUBSIDIES (formerly HAP and April Program)**

(Subsidized Housing)

## **HOUSING SUPPORT WORKER**

(Other Mental Health Service: non-healthcare)

## **PROJECT FOR THE ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)**

(Other Mental Health Service: non-healthcare)

## **SHELTER PLUS CARE**

(Other Mental Health Service: non-healthcare)

## **PROPERTY ACQUISITION AND MANAGEMENT**

(Other Mental Health Service: non-healthcare)

- 1) Proposer(s) shall demonstrate compliance with the following Ohio Department of Mental Health requirements for all applicable programs:
  - a) Program Guidelines
  - b) Program Assurances
  - c) Housing Outcomes Performance Evaluation (HOPE)
  - d) Budget Guidelines
- 2) The U.S. Department of Housing and Urban Development requirements are applicable to the following program(s):
  - a) Shelter Plus Care
- 3) Additional identifying characteristics of "Housing-as-Housing" Services include:
  - a) No "admission criteria" or mental health assessment measures are utilized that would prioritize the consumer's functional skills or behavioral attitudes over the need for housing.
  - b) Occupancy is based on the need for decent, stable, affordable housing, agreement by the prospective tenant to comply with the terms of the lease of sublease, and agreement by the landlord/lessor to rent the unit to the prospective tenant.
  - c) There is a lease or sublease signed only by the consumer tenant and the landlord/lessor. The terms of the lease or sublease with the consumer include only those requirements which would be utilized in a standard rental agreement between a landlord and a non-mental health consumer. All leases and sub-leases must comply with the provisions of landlord-tenant law as specified in Chapter 5321 of the Ohio Revised Code.
  - d) The terms of the lease or sublease comprise the whole of the requirements and conditions for occupancy and continued tenancy. No additional oral or written requirements are imposed or enacted. In particular, there is no continuing requirement to accept or participate in other mental health services in order to continue to live in the housing. If the terms of the lease are complied with, tenancy is on-going, regardless of need for participation in other mental health services.

- e) Choice about having a roommate and selection of a roommate is made solely by the consumer, and there is no screening, monitoring or regulation imposed concerning tenant guests and visitors, other than that which may be part of a standard lease.
- f) There is no provision of a meal or meals, either individually or as congregate dining, by the landlord/lessor as an inherent part of the living arrangement.

## **RESIDENTIAL CARE**

Must comply with Ohio Department of Mental Health certification standard 5122-30 and Chapter 199. Rules on Licensure for Residential Facilities.

Special Conditions:

- 1) Proposer(s) shall be certain that their service description details the array of integrated services and service providers that will be involved in the residential treatment program/services.
- 2) Any person receiving residential treatment services shall be approved for programming by the community psychiatric supportive treatment agencies and the residential manager. Decisions regarding the admission or discharge of an individual shall be implemented in a collaborative and integrated manner with Community Psychiatric Supportive Treatment staff and Residential staff. There shall be joint staffing/service plan development with the community psychiatric supportive treatment agencies. The ultimate decision regarding admissions and discharges rests with the operator of the licensed residential facility.
- 3) Services for individuals needing crisis intervention shall be provided by the community psychiatric supportive treatment agency's crisis intervention workers in collaboration with other service providers.
- 4) Proposer shall ensure that all applicants who do not have a current community psychiatric supportive treatment worker are offered one and shall demonstrate documentation of the offer and the results. Refusal of community psychiatric supportive treatment services shall not preclude admission of a consumer to any residential facility.
- 5) Proposer(s) shall describe capacity for the following levels of placement:
  - a) Level 1: Interim services whose length of service/stay shall not exceed five (5) days;
  - b) Level 2: Acute services whose length of service/stay shall not exceed fourteen (14) days;
  - c) Level 3: Transitional services whose length of service/stay shall not exceed two months; and
  - d) Level 4: Long-term Transitional services, whose length of service/stay shall not exceed twenty-four (24) months.
- 6) Lengths of service/stay for each service level may be expanded when according to clinical needs and agreed upon collaboratively by the Community Psychiatric Supportive Treatment Team and the Residential Manager, and approved by the Lake County ADAMHS Board.
- 7) For Level 1, 2 and 3 placement, review of consumers in the facility shall be completed at least every seven (7) days by the community psychiatric supportive treatment worker and the residential manager.
- 8) For Level 4 placement, review of consumers in the facility shall be completed at least every ninety (90) days by the community psychiatric supportive treatment worker and the residential manager.
- 9) When admission or continued stay services cannot be provided, all efforts to meet the consumer's needs shall be documented, a cluster quality review process shall occur prior to any action being taken, results of the quality review process shall be documented and facilitated in coordination with the consumer, community psychiatric supportive treatment worker, and residential staff.

- 10) All service provision (where possible) shall be community oriented so that out-of-housing service provision (social, recreational, clinical, educational, special programming, housing preparation, etc.) is given highest priority and preferred.
- 11) Services provided in-residence shall be based upon individual service plans developed collaboratively with the client, significant other (when applicable), residential staff, community psychiatric supportive treatment worker, primary case worker and other pertinent professionals. When house rules conflict with an individual's service plan, the individual service plan will reflect the problem and its resolutions to meet individual client's needs.
- 12) Proposer(s) must maintain licensure status for residential services/facilities.
- 13) Consumers shall be eligible for residential treatment services unless:
  - a) Individual is mentally ill and dangerous to self/others as defined by Ohio Revised Code.
  - b) Individual has medical needs which indicate a nursing home/hospital level of care.
  - c) Individual who is actively and/or imminently violent in a physical manner.
  - d) Priority for services shall be given to severely mentally disabled adults who can not live independently in housing with support and wrap around services.

## **EMPLOYMENT**

Must comply with Ohio Department of Mental Health certification standard 5122-29-11, effective 7-15-01.

Special Conditions:

- 1) At least 80 percent of the units shall be delivered to consumers who meet the criteria for Severely Mentally Disabled.
- 2) Employment Service shall:
  - a) Be coordinated with local employment services, such as the bureau of Employment Services, Ohio Rehabilitation service Commission, the business community, and job placement services to secure employment opportunities within the community for persons served;
  - b) Provide or facilitate access to interventions that increase employment options, such as job training and job coaching;
  - c) Provide or ensure access to the most recent information about how employment may affect benefits such as social security income/social security disability insurance;
  - d) Be knowledgeable about future employment opportunities and communicate this information to persons served;
  - e) Involve persons served in establishing job development priorities for the agency;
  - f) Promote coordination among similar providers within the Lake County ADAMHS Board service district, and with agencies and boards of adjacent ADAMHS Board service districts to maximize the rehabilitation opportunities for persons served by the agency; and
  - g) Ensure that the service plan is consistent with the principles of a community psychiatric supportive treatment system and promotes peer support and other approaches identified by persons served to achieve their stated goals.

## **CONSUMER OPERATED SERVICE**

Must comply with Ohio Department of Mental Health certification standard 5122-29-16, effective 7-15-01.

### Special Conditions:

- 1) All services shall be provided by an independent organization of mental health consumers, operated by mental health consumers, and under the direction of a board of trustees composed of mental health consumers. Such independent organization may subcontract with other agencies which do not necessarily have to be consumer-operated, but ultimate fiscal and policy authority must reside with the consumer organization.
- 2) Proposer(s) shall describe all programs to be provided within the Consumer Operated Service.

## **RECOVERY AND WELLNESS PROGRAM**

The Lake County ADAMHS Board's Recovery Philosophy states "Every adult with severe mental illness shall be given the opportunity to own and manage their individual recovery from mental illness with peer support, empowerment, advocacy, leadership, education, financial security, safe/decent and affordable housing blended with the best clinical, intervention, medical and rehabilitation services available in the market place".

The second of the Board's Three Strategic Planning Policies states that the Board will "establish an integrated system of services that emphasizes prevention, early intervention, clinical best practices and recovery." And further that as a system, we should "Embrace Integrated Services as the Operational Standard of Excellence" and "Implement the Recovery Model Across the System of Care."

In keeping with stated philosophy and policies, the Lake County ADAMHS Board intends to contract with Provider(s) to administer a Recovery Program for the severely mentally disabled consumers and their families in Lake County. The Recovery Program should incorporate input from primary consumers, secondary consumers, and behavioral health professionals and paraprofessionals. The Recovery Program will address the following Goals and Outcomes:

### 1) Education and Training

*Conduct ongoing trainings for the system and the community around the key Recovery concepts; teach others how to help consumers implement recovery in their day to day life. Implement a train-the-trainer model.*

#### a) Community

- i) Speakers Bureau
- ii) Marketing/Public Relations

#### b) Consumers and Family

- i) Joint education programs for consumers and families
- ii) Dissemination of basic information (accessing resources)

#### c) Providers

- i) Clinical and non-clinical staff
- ii) Establish formal curriculum – ongoing

#### d) Criminal Justice System

- i) Work with individuals through the Mental Health Court and in the local jail (partner with system's Criminal Justice Program)

### 2) Meeting Basic Needs

*Provide community outreach/advocacy to ensure that consumers have access to services and supports they need (i.e. partner with Lakeland Community College, Lake Health, etc. to secure added services for consumers)*

#### a) Employment/Meaningful Activity

#### b) Education

#### c) Healthcare

#### d) Financial/Benefits

#### e) Housing

### 3) Supports

*Draw from existing support programs throughout the state and implement multi-*

*dimensional support services to meet each consumer where he/she is; offer supports in a variety of formats and locations. Avoid duplication of support services offered.*

- a) Peer to Peer Support Groups
  - b) Facilitated Support Groups
  - c) Networking opportunities for consumers
- 4) Advocacy
- Provide one-on-one advocacy to consumers and families, as well as local and state advocacy; work with local and state systems to gather satisfaction survey data and determine system strengths and weaknesses, service gaps.*
- a) Consumers – client rights/grievances/mediation
  - b) Families
  - c) Legislative

The goals and outcomes established by the Recovery Program will incorporate the following Key Themes:

- Each goal/outcome of the Recovery Program should follow a Continuous Quality Improvement Model: Plan-Do-Check-Act
- Each goal/outcome of the Recovery Program should be measurable
- Recovery Program should partner with existing family and consumer organizations in Lake County (shared resources, administrative responsibilities)
- Ultimately consumers should be recruited to implement aspects of the Recovery Program (including one-on-one advocacy, facilitation of groups, community outreach)
- Program should be flexible to incorporate future initiatives that are consistent with the Recovery Concepts
- All services and supports offered should be created to improve quality of life for consumers, and decrease dependency on the behavioral health system

**PEER SUPPORT**

(Other Mental Health Service, NOS: Healthcare)

**NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)**

(Other Mental Health Service, non-healthcare)

**SUICIDE PREVENTION COALITION**

(Other Mental Health Service, non-healthcare)

Proposer(s) shall demonstrate plan for carrying forward the Lake County Suicide prevention Coalition Strategic Plan, whose goals include: increasing awareness that suicide is a serious public health and mental health issue in Lake County, reducing the stigma associated with suicide, improving people’s ability to seek and get health. Methods for achievement include but are not limited to: applying for/securing any ODMH grants, maintaining coalition membership/participation, recruiting/training speakers, providing community education, maintaining/updating education/presentation materials.

**SURVIVORS OF SUICIDE SUPPORT GROUP (Chrysalis)**

(Other Mental Health Service, non-healthcare)

Proposer(s) shall demonstrate plan for carrying forward the goals of the Lake County Suicide Prevention Coalition, utilizing the core leadership team, with the assistance of NAMI of Lake County, to establish a monthly support group. Proposals may include the following components: participation in community events (entry fees and development of tabletop display), establishment of lending library (videos and books), production of Lake County Survivors of Suicide Brochures and Posters, Support Group Journals and Pins (design and production), refreshments (for support group), advertising (Today’s Family, Lake County Women’s Journal, etc.), project administration and coordination.

**VICTIM ADVOCATE PROGRAM**

(Other Mental Health Service, non-healthcare)

The Board intends to contract with a Provider to be the fiscal agent for the Victim Advocate Program. This partnership between the Lake County ADAMHS Board and the Lake County Prosecutor’s office is set up to ensure the continuation of vital services to victims and their families 24/7. The provider agency will be responsible for reimbursing team members and managing the on-call schedule for after hours.

**IRIS PROJECT**

(Other Mental Health Service, non-healthcare)

Proposer(s) shall demonstrate plan for meeting the behavioral health needs of older adults and their caregivers in Lake County that is based upon a “cluster” model. The Iris Project will target Lake County residents age 60 and older identified as potentially severely mentally disabled and those who may have a co-occurring substance abuse disorder.

These identified seniors will have multiple challenges and the existence of additional risk factors for de-stabilization and/or loss of independence in the community. The Iris Project will also focus on improved cross-system planning and collaboration, promoting greater collaboration between primary care and behavioral health, promoting wellness and reduce stigma, and senior outreach and education.

## **PREVENTION**

Must comply with Ohio Department of Mental Health certification standard 5122-29-20, effective 7-15-01.

### Special Conditions:

The Board has funded a wide variety of Prevention Services to all groups identified as being especially at risk of mental illness/emotional disturbance. Some of these services have relied heavily upon volunteers as service providers while others have utilized professional staff. If your proposal contains a mixture of service units by volunteers and professional staff, be certain to distinguish the number of units provided by each.

### Additional Requirements:

- 1) Proposer(s) shall describe the population which is the target population of the service, and address the following questions: On what are consumers considered at risk? What problems are services intended to prevent? What evidence exists that the chosen approach is effectively preventative of these problems for this population?
- 2) The Board intends to purchase Prevention Services in specialized areas. Services in these categories may be delivered to individuals at their place of residence, an office or elsewhere in the community. Volunteers and/or paid employees may provide these Prevention Service activities.
- 3) Categories of specialization may include:
  - Prevention Service for Victims of Domestic Violence (Children, Adolescents and Adult): This refers to activities oriented toward reducing the incidence or degree of severity of emotional disturbance and/or mental illness in persons (adults and children) who have been the victims of domestic violence. Activities such as short-term preventative counseling, stress management, personal and social competency building, mental health promotion, lifestyle management and systems change are examples of activities appropriate for this category of service. Services in this category may be delivered to clients at their place of residence or in an office setting or elsewhere in the community, if appropriate.
- 4) Each Prevention Service must be described and budgeted as a separate service. A program summary sheet must be submitted for each service.

## **TRANSPORTATION SERVICE**

(Other Mental Health Service: non-healthcare)

Must comply with Ohio Department of Mental Health certification standard 5122-29-27, effective 7-15-01.

Special Conditions:

- 1) Provision of transport to consumers of mental health services for the purpose of enabling them to keep scheduled appointment for services provided by contract agencies of the Board. The service may be provided by either commercial or nonprofit organizations offering a transportation service.
- 2) The unit of service for Transportation is one trip to a destination.

## **WRAP AROUND SERVICES**

(Other Mental Health Service: non-healthcare)

The Board intends to contract with a Provider to administer this Pass Through Grant for the severely mentally disabled adult consumer. A wrap around intervention is developed and approved by an interdisciplinary team, is community based and includes the delivery of coordinated, highly individualized services based on the specific needs of the consumer and not a particular treatment service model. This particular grant emphasizes the use of nontraditional services. Traditional services should be accessed only when they are tailored to the specific needs of the consumer and not readily available as funded services within the system. Wrap around funds could be used to purchase some health services, transportation to appointments, recreational programs, YMCA memberships, school supplies, day care, respite care, household goods needed to maintain a stable environment, nutritional needs, etc.

- 1) Target Population and Services. The proposer shall specify a process for determining priorities in the use of wrap around funds. There shall be a case planning process such as clinical cluster.
- 2) Access to funds. While funds will be administered by the Community Psychiatric Supportive Treatment agency, the funds need to be easily accessible in a timely fashion by consumers of all agencies within the consumer's service system. The role of the CPS worker in gaining access to these funds and monitoring the results of their use should be consistent with the role of the CPS worker. The proposer shall specify at least the following aspects of gaining access to funds: a) the role of the CPS worker, b) the role of the person directing CPS workers, c) the role of clinical cluster, d) the role of the case review/case planning process. Examples should be given of how someone within the agency, in another agency, and in another system would gain access to the funds on behalf of their client. Consumer eligibility is not contingent upon having an assigned Community Psychiatric Supportive Treatment Worker.
- 3) Uses of Flexible Funds. The proposer should describe in as detailed a manner as possible the range of uses of flexible funds the applicant plans. This sections should describe a) examples of how funds have been used effectively, b) ways the applicant anticipates using funds with particular attention to how they are linked to the consumer's service plan, c) a description of the limitations and restrictions on the use of flex funds, and d) the relationship of flex funds to categorical services a consumer may be receiving.
- 4) Management of Funds. The proposer should describe in detail how the applicant will manage the flexible funds within the agency including; a) types of accounts, b) who would have final authority on expenditure of funds, c) description of the paper process for requesting and paying for funds, d) description of the verification process for the use of funds, e) description of any payback policy or procedure.

When the flexible funds are used to purchase items that could be resold, the proposer shall describe procedures that will give the recipient a sense of dignity and work against potential abuses. For example, the recipient might pay back the value

of the item over time into a revolving fund, or pay back the value of the item in services.

It is the intention of the Board that flexible funds be used as last resort funding after all other funding resources have been exhausted. The proposer shall describe the processes and mechanisms that shall be put in place to assure that all other sources of funding have been exhausted before flexible funds are used.

- 5) Monitoring and Evaluation. The proposer shall describe how they will attempt to document the impact of the use of flexible funds on the individual and system effectiveness and collaboration. It is the Board's intent to develop strong supporting evidence for the use of flexible funds and their importance to the system.

### **SERVICES TARGETED TO CHILDREN/ADOLESCENTS AND THEIR FAMILIES**

The Board intends to purchase services targeted at children/adolescents and their families, previously defined in Service Specifications, including but not limited to:

- 1) Mental Health Assessment
- 2) Pharmacological Management
- 3) Inpatient Psychiatric Service
- 4) Community Psychiatric Supportive Service
- 5) BH Counseling and Therapy
- 6) Partial Hospitalization
- 7) Wrap Around Funds
- 8) Prevention

Additional Specifications:

### **JUVENILE JUSTICE**

The Board intends to contract with Provider(s) to provide behavioral health services in conjunction with the Lake County Juvenile Court Special Docket Program. Services must be in compliance with all applicable certification standards. Provider must be able to track separately services provided to participants in this collaborative program.

### **INTENSIVE HOME BASED TREATMENT**

The Board intends to contract with Provider(s) on a case rate to provide services that model the Intensive Home Based Treatment standards. This service will be designed to meet the needs of youth with serious emotional disturbances who are at risk of out-of-home placement or who are returning home from placement. The goal of this program is to provide necessary mental health services and supports to enable youth to live in their homes in the least restrictive, most normative setting possible. Services will be provided in the home, school and community where youth live and function. Services provided on a case rate include community psychiatric supportive treatment, behavioral health counseling and therapy, mental health assessment and crisis response. Services will be flexible at a time that is convenient for the entire family and is available around the clock.

### **CHILDREN'S CLUSTER**

Administration of Children's Cluster Funds will be handled through a grant mechanism, with a grant contract and quarterly reporting requirements. Children's Cluster Funds will not be incorporated into the administering agency's UCR budget, but will require a separate budget. A single, modified Expense Budget Overview should be completed, projecting the number of days of service that the Board's allocation will participate in funding.

### **RESPIRE AND THERAPEUTIC FOSTER CARE FOR SEDC/A AND FAMILIES**

(Other Mental Health Service, NOS: Healthcare)

The Board intends to contract with a Provider to administer this Pass Through Grant for Children, Adolescents and their Families.

## **EARLY CHILDHOOD CONSULTATION**

The Board intends to contract with a Provider to administer this Pass Through Grant for Children, Adolescents and their Families as awarded by the Ohio Department of Mental Health.