

Frequently Asked Questions & Comments: Community Plan Guidelines for
2012-2013

October 20 & 27, 2010

22. Can you please provide a more detailed definition of forensic client? Does it include anyone involved in the criminal justice system or only those individuals in the regional psychiatric hospitals on a forensic status or what?

Forensic client references individuals involved in the criminal justice system who are also served or eligible to be served by the mental health system. They could be individuals in the hospital who have a forensic status (Not Guilty by Reason of Insanity [NGRI], Incompetent to Stand Trial-Unrestorable-Criminal Court Jurisdiction [IST-U-CJ], Incompetent to Stand Trial-For Restoration [IST-R], etc), people on conditional release from a state hospital w/ the status of NGRI or IST-U-CJ, people coming out of prison/jail who have serious mental illness and/or people who get arrested who also have a mental illness. We are thinking broadly when we reference the forensic client as they impact the system at various intercepts. Depending on the nature of the question where the term is used, will probably dictate more specifically the client that is being referenced.

23. In the housing service matrix, what do you mean by the term “unit” and how is it the same or different from the term “bed”.

Unit is the classification used to describe apartments (single room occupancy, 1-bedroom, 2-bedroom, etc.).

Bed is the classification used to describe residential capacity (residential, crisis, respite) in terms of actual beds/spaces available.

24. When completing the Adult Housing matrix, does the department want only those housing units that were paid for by ODMH or all housing regardless of funding source?

What the department wants to capture is all the mental health housing available, regardless of funding source. It would be helpful to have the Boards separate out the housing paid for by ODMH.

ODMH would also like to know how many mental health housing developers are in each Board Area.

25. Under the last section of the ODMH 2012 Community Plan Adult Housing Categories (pg. 65) regarding Independent Community Housing (Rent or Home Ownership) is the Plan requesting information on where all the SPMI/SMI clients live that do not fit into the other categories? Since it refers to houses, apartment, or rooms where anyone can own/rent do you want the available housing units for everyone in Butler County? Do we need to query MACSIS and see how many consumers live in their own home or apt?

While MACSIS does collect claims on housing services, it does not collect information about client independent living arrangements. However, if the client counts for housing services are deducted from a given Board's total case loads, then the Board should have an approximate estimate of clients in independent housing.

Boards should also utilize any data acquisition tools at the Board's disposal to collect information on Independent Living Arrangements. ODMH plans to have the new Treatment Episode Outcomes (TEO) System out of the development phase and ready for use by Boards at a future date.

Note: Below are the comments of Deputy Director Debbie Nixon-Hughes, MSW, LISW-S summarizing her response to questions regarding the Community Plan following the MH Division meeting at the Ohio Association of County Behavioral Health Authorities (OACBHA) on October 15, 2010. This comes from a follow-up summary e-mail sent to OACBHA on October 20, 2010.

As of today, the submission date for the community plan including the bed day projection and the budget remain due on Dec. 30, 2010. As I shared, the submission date is based on statute. It should also be noted that a change in the submission date is not just a decision of ODMH but includes ODADAS. However as agreed at the meeting, I plan to discuss the Board's request with Dalon Myricks (Chief of Fiscal Administration) when he returns from vacation next week, Bob Short (Deputy Director for Hospital Services), ODADAS, and Director Stephenson. I would encourage Boards to plan to project bed days based on previous trends of hospital admissions. If new information is provided that would warrant a change in the community plan and/or the bed day projections, I did communicate a mechanism to amend community plans (340.03) if a Board determines a need to do so. I will let you know the outcome of my discussion with Dalon, Bob, and the Directors of the two agencies within the next couple of weeks in response to the request for a Jan 31, 2011 submission date.