

# Introduction to the Role of the Alcohol, Drug Addiction and Mental Health Boards

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*Ohio Association of*  

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**COUNTY  
BEHAVIORAL  
HEALTH  
AUTHORITIES**

A small, light-colored outline map of the state of Ohio is positioned to the right of the text "COUNTY BEHAVIORAL HEALTH AUTHORITIES".

# ADAMH, ADAS & CMH Boards

## *Fundamental ROLES*

- Local Public Authority
- Needs Assessment/ Planning
- Allocation, Funding, Contracting
- Local Levy & Resource Generation (Grants, Partnerships, Shared Funding)
- Manage Funds: State, Federal, Local
- Audit/Compliance Monitoring/Evaluation
- Civil Commitment
- Advocacy
- Public Education, Awareness, Media Relations
- Inter and Intra System Coordination

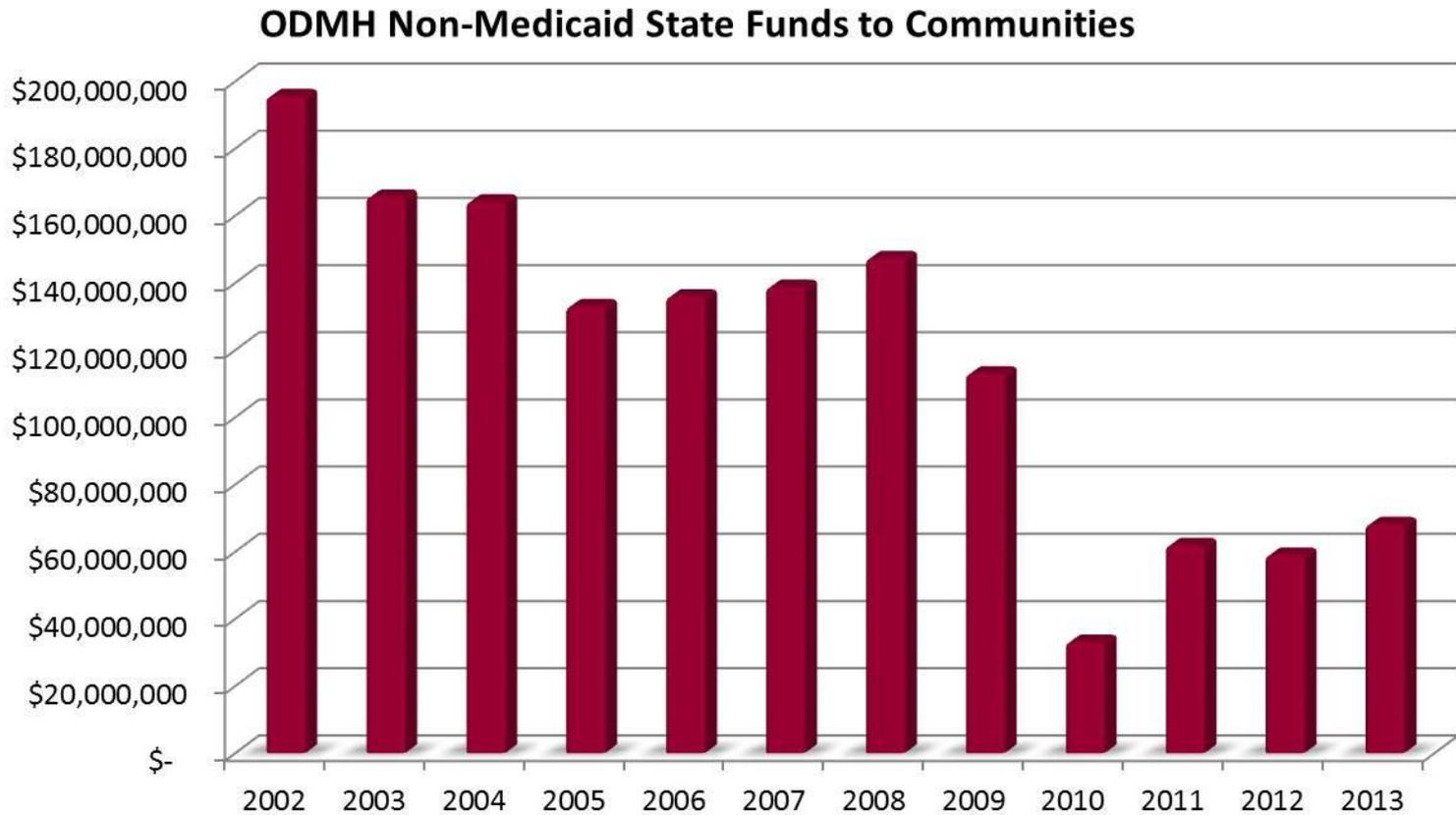
# Community Support System

- **340.03 (11)** – Establish, to the extent *resources are available*, a community support system, which provides for treatment, support, and rehabilitation services and opportunities ...

## Full Continuum of Care –

- Prevention/Education
- Crisis
- Treatment, **including inpatient care**
- Recovery Supports (housing, vocational, peer supports ...)

# ODMH Non-Medicaid State Funds to Communities SFY 2002 - 2013



# Chief Clinical Officer

Some Boards have a CCO on staff, and some choose to delegate this role to one of their agencies. If a Board has elected to accept commitments, it is required for a Board either to have a CCO on staff or delegate this role to an agency. Typically, a CCO is responsible for approving voluntary admissions to state hospitals, monitoring patients committed to the Board or one of its agencies for outpatient or inpatient services, and collaborating with assessment agencies and the Probate Court regarding emergency admissions and the involuntary civil commitment process.

# Involuntary Commitment

## 340.03 –

- **(12)** Designate the treatment program, agency, or facility for each person involuntarily committed to the board pursuant to Chapter 5122 of the Revised Code...
- **(13)** Establish a method for evaluating referrals for involuntary commitment and affidavits filed pursuant to Section 5122.11 of the Revised Code in order to assist the Probate Division of the Court of Common Pleas in determining whether there is probable cause that a respondent is subject to involuntary hospitalization and what alternative treatment is available and appropriate, if any;

# Involuntary Commitment cont.

- Any commitment to the state public mental health system is to a Board or its designated agency.

## Exceptions:

- Incompetent to stand trial, but likely to be restored;
- Found not guilty by reason of insanity; or
- Committed from the adult correctional system or from the juvenile correctional system

# Voluntary Admissions

- Voluntary Admissions to a public (state) hospital must be authorized by the Board located in the person's county of residency.
- The Board must also be notified, when possible, of the pending release of a voluntarily admitted person.

# Relationship of Boards to State Hospitals

- Role of boards has changed/evolved over the years since the passage of the Mental Health Act of 1988.
- Boards historically planned for a set number of civil “bed days” at the state hospital in their region.
- Boards historically “paid” for the civil bed days through an allocation from ODMH; eventually boards would receive funds at the end of a fiscal year if bed day utilization lower than planned or pay additional if higher than planned.
- State has now assumed financial “risk” for bed days, boards are responsible as of 7/1/12 for civil and forensic days and attempt to stay at or lower than three year average of bed days.

# Relationship of Boards to Private Hospitals/Behavioral Health Units

- Boards are responsible for a continuum of care in their communities.
- Services in the continuum range from prevention to outpatient treatment medication to inpatient psychiatric services.
- Boards set priorities in regard to services and populations and provide funding for these services/populations as resources are available
- Inpatient services are planned in conjunction with all other services. Relationships between boards and private local hospitals vary across state and are related to boards' needs, resources, and community priorities.

# Joint Committee

- Hospital Services Workgroup