ATTACHMENT # 9

Division Behavioral Health
FY14 Treatment and Recovery Grant Program

Elements of a Community Action Plan

1. **Regular team meetings:** A core group of human service providers must have a plan to meet no less than quarterly to engage in ongoing problem-solving and planning for services. Community stakeholder organizations (such as OCS, DJJ, Public Health, Division of Vocational Rehabilitation, Division of Senior and Disabilities Services, Domestic Violence Prevention, Schools, Law enforcement, Regional Housing Authorities and others) should be invited to attend on a regular basis, or at least teleconferenced into the meeting when their participation is relevant.

   All DHSS Behavioral Health grantees must attend, including CBHTR and Prevention grantees. Describe the process the agencies in your Community Planning & Service area will use to conduct meetings on a regular basis for the purpose of community planning to provide a continuum of clinical services. This process must include all DBH grantees in your service area and include a time schedule for the meetings.

2. **Continuum of care:** Clearly describe the defined continuum of services provided in your Community Planning and Service area. Include the process to share and coordinate screening, assessment, and treatment material as appropriate to coordinate care with referred or shared clients/consumers.

3. **Plan to address gaps in service and coordination**: In updating the local continuum of services, the group may identify gaps in service or service coordination that impact DHSS Behavioral Health priority populations. The group will describe their plan to address one or more of the gaps in service or service coordination problems in FY 2014-2016.

4. **Plan to coordinate with primary care providers**:

For the FY 2014-2016 grant application:

- Submit a signed Memorandum of Agreement between the community providers, that addresses plans for regular meetings, leadership roles, and taking of minutes;
- Submit the current continuum of care (matrix of services)
- Submit the plan to address at least one local weakness or gap in services, and
- Describe the plan to coordinate with primary care providers. Use the chart that follows.