

**Division Behavioral Health
FY24 Treatment and Recovery Grant Program
Community Action Plan Instructions**

The Division of Behavioral Health (DBH) strongly supports a local planning process. The intent of the Community Action Plan (CAP) process is to define the continuum of services, the roles of the behavioral health providers, and to establish mechanisms to coordinate care for behavioral health clients within a defined service area, and across regions if necessary to ensure a continuum of care. DBH is responsible to manage behavioral health services for clinical outcomes and cost efficiency. This requires ensuring that grant and Medicaid dollars deliver an effective and integrated continuum of care that meets local, regional, and state needs.

The exact array of services provided by each grantee agency will vary between geographic communities. The scope of the CAP will depend on the local resources and partnerships negotiated among local agencies and may, in addition to BH and SUD providers include: representatives from local coalitions such as the prevention or wellness coalitions, Tribal entities, schools, shelters, faith based organizations, the court system, law enforcement and EMS, as well as hospitals, primary care providers or other pertinent community resources. Referral relationships and the responsibilities of system partners should be clarified and formalized through this planning process.

Required Elements for the Community Action Plan (CAP) and meeting minutes submitted to DBH on a quarterly basis

1. **Regular team meetings:** All DBH Behavioral Health grantees operating in each local Service Area must meet at least quarterly to engage in ongoing problem-solving and planning for services. The CAP should describe the projected schedule of meetings and the process for conducting them on a regular basis to assure a continuum of care. **Minutes should include date of meeting and identify the agencies in attendance.**
2. **A continuum of care:** The plan should describe the defined continuum of services provided in your Service Area. This is submitted with each new grant application and/or continuation. **Meeting minutes should describe and give examples of how coordination of services is working (or where it needs to be strengthened) within your respective continuum.**
3. **A plan to address gaps in service and coordination:** The group must identify gaps in service or service coordination that impact DBH Behavioral Health priority populations and should describe their plan to address these gaps. **Meeting minutes should describe challenges, successes, gaps, and needs within your continuums. Please include updates on expansion of capacity and services accessed through the 1115 waiver and please describe any challenges, developments, or successes related to crisis response services.**

NOTE: Each CAP must identify an agency to take responsibility for submission of quarterly CAP meeting minutes and all CAP related documents. Please send all CAP documents to: doh.dbh.treatment.recovery@alaska.gov

For communities where CBHTR grantees do not have a CAP established, these grantees are responsible for submitting a written response to #2 and #3 above and include a description of efforts to establish a CAP.

For the FY24 grant application

- Submit a chart of the current continuum of care.
- Submit the plan to address gaps in services or service coordination problems.
- Providers can use a format of their choice for the plan as long as the above elements are included. An optional “Community Action Plan” template is also available below.

**FY2024 Treatment and Recovery Grant Program
Community Action Plan**

Agency Name / Service area:

Organizations participating in planning team:

Proposed activities	Responsible agencies	Timelines for completion	Measurable Outcome