

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Adams, Lawrence, Scioto Alcohol Drug Addiction and Mental Health Services Board (ALS)

**A. Mission, Vision and Values Statements.** Please provide the Board's mission, vision and values statements (see Appendix C for planning terms):

*Click on gray box to enter text.*

**MISSION STATEMENT:**

The Board's mission is to ensure the availability and accessibility of effective, culturally competent and high quality mental health, alcohol and other drug addiction services to the residents of Adams, Lawrence, Scioto Counties.

**VISION STATEMENT:**

1. Accountable leadership will be provided by local citizens as decision makers,
2. Planning for ongoing services will rely on community based identification of needs with the emphasis on locally controlled resolutions,
3. Management oversight will ensure accountability to the community, consumers, taxpayers and funding entities,
4. Quality of services will be monitored via a structured and comprehensive quality assurance program,
5. Ongoing commitment to procuring appropriate, additional funding to support needed services is an integral function,
6. Monitoring, evaluation and funding activities will be performed as mandated.

**VALUES STATEMENT:**

This Board values the provision of services in an environment which is culturally consistent and respectful of each client's needs; quality treatment provided by competent, well-trained individuals; the provision of easy access to mental health services as needed including those for crisis intervention; the continuing efforts focused on the reduction of the stigma that surrounds mental illness; and the input of its community partners and stakeholders to insure well-rounded mental health treatment and prevention efforts.

**B. Description of Current State.** Provide a brief narrative that describes relevant information about the Board area in response to the items below:

**1.0 Population priorities.** Please review information in Appendix E about the Board’s existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

*Click on gray box to enter text.*

The Board's existing MACSIS Rules requires co-insurance for all Non-Medicaid services.

The goals and priorities indicated by the ALS Board are important to the local communities. But it is also important to note that many of these needs cannot be met by using Medicaid funds. At last count, 88% of the clients served by the ALS Board are receiving services via their Medicaid eligibility. There is no Levy in the area nor is there planning along those lines. So while the needs are here and the population wants the help, there are no viable ways to get them paid for. Until the types of Medicaid eligible services expand, the goals and priorities of this Board will remain as more of a "wish list" than a Plan.

**2.0 Recovery supports.** What are some notable achievements and trends for the Board in the area of Recovery supports?

**Recovery supports** are strategies and services designed to foster empowerment and quality of life for persons with severe mental illness. Best practices include culturally competent services, supported housing, supported employment, consumer operated services, and self help/peer services. Examples of programs include Wellness Management and Recovery, WRAP, Bridges, NAMI Family to Family, Clubhouse. Prevention, consultation, and education (P,C&E) programs that *target persons with severe mental illness* might also be included under the Recovery supports umbrella. An example of a P,C&E program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

**Best Practices in Recovery:** Funding source is often a difference between best practices in Recovery support and best clinical practices, with Recovery supports primarily funded as non-Medicaid-reimbursable services.

*Click on gray box to enter text.*

The Agencies under the purview of this Board offer the following services/programs which support the concept of Recovery and assist consumers of mental health services in their own individual efforts toward their recovery:

- Coping Skills Group
- Weekly Women's Group
- Money Management Group
- Anger Management Group
- Referrals and assistance in accessing the Consumer Operated Services Drop-In Centers
- Assistance with Nursing Home patient/community activities which foster socialization and living in the least restrictive environment
- Life Skills Program
- COPEs Group which is a variation on Wellness Recovery Action Plan (WRAP)
- Focus on assisting clients maintain their housing

## **2.1 Recovery Supports: Housing**

**Supported Housing** is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

a. Do you offer **supported housing** service?

*Click on gray box to select answer.*

Yes	<b>2.1.a</b>
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b. If yes, do you have wait lists for **supported housing**?

*Click on gray box to select answer.*

Yes	<b>2.1.b</b>
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

*Click on gray box to indicate "Yes" with an "X."*

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.c
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Of all consumers for whom supported housing would be an appropriate service, how many are currently waiting for **supported housing**?

*Click on gray box to enter number.*

3 Consumers Waiting	<b>2.1.d</b>
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The **Housing Assistance Program** (HAP) provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

*Click on gray box to select answer.*

No	<b>2.1.e</b>
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

*Click on gray box to indicate "Yes" with an "X."*

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.f
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

g. Of all consumers for whom HAP is appropriate, how many are currently waiting for access?

*Click on gray box to enter number.*

0 Consumers Waiting	<b>2.1.g</b>
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**Public Housing** is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

h. For most consumers waiting for public housing in your area, which of the following categories comes closest to the average wait access time? *Please select only one response category.*

*Click on gray box to indicate "Yes" with an "X."*

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

i. Of all consumers for whom public housing is appropriate, how many are currently waiting for a place to live?

*Click on gray box to enter number.*

57 Consumers Waiting	<b>2.1.i</b>
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

k. To what extent are the Board level data reported in Appendix B for homeless adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

*Click on gray box to enter text.*

The data from the Member Extracts that the Board reviewed indicated ten homeless people, with SMD, were served. This is far less than SMHC reported and is very consistent with the eight individuals reported by the NOM.
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k.a. If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

Click on gray box to indicate "Yes" with an "X". Indicate all that apply.

<input checked="" type="checkbox"/>	Continuum of Care	<b>2.1.ka</b>
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Agency Reports, Member Extract received weekly from ODMH	

**k.b.** If the information in Appendix B is inaccurate, what was the number of homeless persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

112 Homeless persons with SMI	<b>2.1.kb</b>
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**k.c.** Is there anything else important to know about the current state of housing strategies and services in your Board area?

Click on gray box to enter text.

The numbers of identified, sheltered and unsheltered, homeless individuals fluctuate based on seasonal characteristics. It is also important to recognize the legal obstacles to Public Housing that constitute barriers to housing. For example, individuals with felony charges in his/her past are not eligible for Public Housing.

The Lawrence County (LC) Community Action Organization (CAO), through their Homeless Program, empowers Family Guidance Center (FGC) to locate housing for homeless individuals. LC Community Action Organization then assists with the start up funding related to housing.

According to Southern Ohio Behavioral Health (SOBH), homeless individuals are moved to the top of the list for Public Housing in LC.

Integrated Services for Youth (ISY), who occasionally also serves adults, reports that the Ironton City Mission is their contact for homeless individuals; however, the Mission is only open Monday through Thursday which is a problem for both the clients and the agency attempting to assist them.

Board staff serve on the Scioto County (SC) Housing Continuum of Care along with the SC Homeless Shelter Director so there is, at least, quarterly discussion and information sharing regarding this population.

## 2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio's SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

a. To what extent are Board level data reported in Appendix B for employed adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

*Click on gray box to enter text.*

The number of employed adults with SMI for this Board as reflected in Appendix B is far below the number reported by Shawnee Mental Health Clinic (SMHC) which conducts a Vocational Program that includes a tracking mechanism specific to that Program. Information from the MIS department at the Board indicates that there are 419 individuals receiving services who are employed full time, 249 are employed part time and 61 are retired from employment. This information, however, does not provide a breakdown regarding their SMI status.

a.a. If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

*Click on gray box to enter text.*

The information from SMHC was obtained through the Vocational Program's computer tracking system. The Board information cited above came from BH Module data.	<b>2.2.aa</b>
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

696 Employed persons with SMI	<b>2.2.ab</b>
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b. Please describe existing activities related to helping consumers identify, determine, or achieve their employment goals. The continuum of activities may include referral to the Rehabilitation Services Commission (RSC), service planning and coordination through CPST, vocational counseling service, supported employment programs, agency employment of peer support specialists, or any other Board strategies aimed at helping consumers achieve employment goals.

*Click on gray box to enter text.*

Shawnee Mental Health Center has an Employment/Vocational Program that receives referrals from and is directly connected to the local Rehabilitation Service Commission (RSC) by referral. Clients, identified through their Community Psychiatric Supportive Treatment (CPST) program, are also referred. The Goal of the Program is that "Persons receiving services will obtain employment or become involved in other meaningful activity and will report higher empowerment levels."

LC Family Guidance Center refer appropriate individuals to RSC and to the Workforce Development Program. Workforce Development, in addition to assisting with employment, can establish Work Study Programs at the Universities in the area.

**3.0 Resilience supports.** What are some notable achievements and trends for the Board in the area of resilience supports?

**Resilience supports** include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy. Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding

source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

*There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.*

*Click on gray box to enter text.*

The Agencies under the purview of this Board offer the following services/programs which provide Resilience Support. These supports have been proven to assist children and adolescents "successfully meet life's challenges".

Southern Ohio Behavioral Health has CPST, Behavioral Health Counseling and Psychotherapy in each of the 13 schools in LC. They have an office in each school with staff highly visible and well known to the youth. At the present time, however, these services are only available to youth enrolled at SOBH.

Integrated Services for Youth provide Multisystemic Therapy (MST), a Respite program, utilize the FAST and ABC funds, when possible, and have a NAMI trained Parent Advocate on staff who serves as the Regional Supervisor. She has, also, gained national recognition through a speaking engagement at National Federation for Children's Mental Health's annual conference held in Washington, D.C.

The NECCO Center, a residential treatment facility, participates in Family and Children First Council (FCF) and accepts youth, when appropriate, who have been referred from a Child and Family Team.

LC Family Guidance Center plays an active role in the FCF Council in LC and uses ABC funds to conduct a Summer Camp each year. They also have a trained Wraparound facilitator on staff who assists with the Child and Family Teams. Family Advocates are always offered when that seems appropriate, but, it is important to note that, the family almost always refuses the offer.

Shawnee Mental Health Center has had the strongest involvement in MH Early Intervention (EI) over the years. They have several trained staff including individuals trained to conduct DECA sessions. The Incredible Years has recently been added to their programming. The agency offers the STEP program which addresses parenting skills. After June 30, 2008, however, the MH Early Intervention initiative will be divided among other agencies, thus rendering the trained SMHC staff inactive. The Director of SMHC states that they will continue to serve families who present a need for EI and have Medicaid eligibility.

### **3.1 Resilience supports: School Suspension and Expulsion NOM**

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio's SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

*Click on gray box to enter text.*

The data reported in school section of Appendix B is difficult to understand. The instructions in this section indicate that this Appendix B information refers to suspended and expelled youth. The heading of this section of Appendix B is labeled "School Attendance." If the number (903) is meant to reflect suspensions and expulsions, it is far from accurate. The suspensions reflected in the Outcome data (39) received from the agencies added to the youth who were sent to the Alternative school(84) in lieu of suspensions equals 123. It is relevant, however, that not all of the agencies are up to date with their submissions.

- a.a. If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

*Click on gray box to enter text.*

<p>The information regarding school suspensions and expulsions from the Ohio Department of Education's web site was not useful as it did not indicate which were SED youth and it was not an unduplicated count. Information also came from the Ohio Outcomes data, the SC Partnerships for Success and from agency reports. Youth from SC and the Manchester School District in AC are often sent to the Alternative School rather than be suspended or expelled. A total of 84 youth were served by the Alternative school in school year 06/07. The NECCO Center has its own school and the students are never suspended or expelled unless they are deemed inappropriate for The Center and then they are discharged. If their behavior is out of control on a particular day, they may be kept out of school temporarily.</p>	<b>3.1.aa</b>
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- a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

*Click on gray box to enter number.*

123	<b>3.1.ab</b>
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#### 4. Inpatient Care

Please complete the table below for the past two fiscal years. *See Appendix F for past Board purchased state hospital bed days and admissions. These data are included to help complete the public portion of this table.*

##### a. Inpatient Care

*Click on gray boxes to enter numbers.*

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	2276	2334	89	68	
Private Psychiatric Hospitals: Adults	0	0	0	0	

Private Psychiatric Hospitals: C&A	0	0	0	0	
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**b.a.** Please describe how the provision of Board purchased inpatient care occurs in your Board area. What is the nature of the relationship between the Board and private hospitals?

*Click on gray box to enter text.*

<p>Several years ago the Board designed and implemented a Discharge Liaison (DL) function that was performed by a Board staff member in conjunction with Appalachian Behavioral Health (ABH) and the Board's Designated Agency, SMHC, in the community. Since that time, the DL function has gradually become minimized at the Board level while, at the same time, its philosophies and tasks have been absorbed by the Designated Agency. This is to say that the Agency keeps a closer watch on the admissions and discharges, has become more invested in the process and finds it to their benefit to be pro-active regarding hospitalizations. A Board staff member continues to monitor the process through monthly teleconference calls that involve the hospital staff, the Designated Agency CPST and Crisis Intervention (CI) staff, and the Forensic Monitor.</p> <p>Staff at the Agency state that, while it is difficult to estimate how many bed days should be purchased each year, projecting too many days may result in over-utilization. When the estimated days are purchased, the funds become obligated for this purpose when they could be better used in the Crisis Intervention function thus obviating hospital admissions and actual bed day usage.</p> <p>The Board is not involved in the admission or discharge process as it relates to clients entering private hospitals. That process is part of SMHC's effort to keep the ABH hospital bed day use within the projected number. If a patient is Medicaid eligible or has private insurance coverage for MH inpatient services, every effort is made to find a private hospital bed for that individual.</p>	<b>4.ba</b>
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**b.b.** Do you have a continuity of care agreement with your designated state hospital?

*Click on gray box to select answer*

No	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

**a.** During SFY 2007, how many children and adolescents (C&A) from the Board area were funded for mental health services while living in a residential treatment facility?

*Click on gray box to enter number.*

1 C&A Consumers in SFY 2007	<b>5.a</b>
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**b.** How many children and adolescents from the Board area were placed in RTCs located outside of your service area in a 12-month period?

*Click on gray box to enter number.*

4C&A Consumers place out of county in SFY 07	<b>5.b</b>
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

0 Out of county placements involved the Board	<b>5.c</b>
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d. For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

*Click on gray box to indicate "Yes" with an "X."*

Use is increasing	Use is about the same	Use is decreasing	5.d
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

e. How does the Board understand the trend in RTC placements indicated above?

*Click on gray box to enter text.*

<p>The Board's understanding of the trends related to Residential Treatment Center placement is difficult to summarize. The following information depicts the diversity in opinions regarding placement trends in this area.</p> <p>SOBH feels that the trend to place C &amp; A in residential placement is increasing and the thought is that is because there is not enough in-home treatment being provided nor is there enough treatment focused on the entire family and the subsequent family issues.</p> <p>The Residential Treatment Facility in the Board's area, The NECCO Center, feels that from their perspective, the trend is increasing as they are receiving more referrals. They are certain, however, this is due to different variables such as the new ownership and the changes that have been made in programing and the target population. The facility, now, only accepts and treats, youth who have the dual diagnoses of MH and MR.</p> <p>Shawnee Mental Health Center believes that the trend is decreasing due to a lack of funds available for the room and board costs. There are no Levies in the Board area's counties and no Board discretionary funds designated for this purpose. The Child Protection Agencies' funds are at a premium and the FCF budgets are minimal. In addition, the local philosophy has long been one of "treat the youth in the community with supports" rather than place the youth out of his/her home.</p> <p>There is also a strong sense in the other agencies that the trend toward placement is about the same. As one can tell, the opinions of the front line entities are varied so it is difficult to know what local trends actually reveal.</p>	<b>5.e</b>
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**6. Crisis/Emergency Care.**

**a. 1. Access & Capacity.** For each of the following emergency services that are available in the Board area, please indicate “Yes” with an “X.”

*Click on gray box to indicate “Yes” with an “X.”*

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input checked="" type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input checked="" type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):		

**a.2. Crisis Bed Days.** If the Board contracts for crisis beds, please indicate utilization for Adults and Children & Adolescents in SFY 2006 and SFY 2007:

*Click on gray box to enter number.*

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	3650	3650	
Children & Adolescents	160	160	

**b. Discuss achievements and trends** in crisis care services that have been areas of focus for the Board.

*Click on gray box to enter text.*

An achievement that may be considered either a negative or a positive event depending on the validity of the crisis is that an increased number of inmates are being assessed and then taken from local jails to the Crisis Stabilization Unit (CSU). The question to be considered is "Is this a case when a person will receive needed treatment rather than incarceration or is it a case when the inmate knows the environment at the CSU will be easier to tolerate?" It is important to make sure the person being admitted to the CSU is being cared for, as needed, in the least restrictive environment. That does not always, however, suit the secondary agendas of some of the referral entities. The Board and SMHC continuously monitor this potential problem as it relates to jail costs, overcrowding and jail staffing.

A relatively new process is currently in the planning stage that should enhance the response to Crises in the community. Shawnee Mental Health Center is partnering with the Adult Care Facilities (ACF) in the Board area, providing training to both direct care staff in the ACF's and the community support staff at SMHC, simultaneously, in an effort to handle acute crises in the homes with less confusion and mis-communication that is sometimes seen. Individual relationships between staff in these two entities should begin to develop.

As is predictable, there are less crises at The NECCO Center since the population served has shifted to youth who have MR/DD issues as well as MH diagnosis.

**c. Crisis and Emergency Initiatives.** Briefly describe achievements and trends in the following areas:

### **1. Police Coordination/CIT**

*Click on gray box to enter text.*

Shawnee Mental Health Center developed, through the auspices of a Health Foundation of Greater Cincinnati Grant, and operates a Crisis Intervention Team (CIT) in Scioto and Adams County. Officers were trained in Lawrence County, as well, but the CIT never became operational there.

A total of 41 police officers were trained as well as seven MH staff. There have been 196 CIT contacts made since the inception of the program. Most of the CIT work has been done as a result of domestic violence calls to the police. There is always one designated CIT/MH staff person on call to work with the police officer.

As is consistent with the above information, the providers in LC, for the most part, report that help and responses from the law enforcement community there are weak.

### **2. Disaster Preparedness**

*Click on gray box to enter text.*

LC Family Guidance Center was the recipient of the All Hazards Disaster Preparedness Grant some years ago. Most recently the staff used their training to assist the community to cope with a local disaster in which two adolescent females were struck and killed by a train. They worked with a third girl who was with them and witnessed the event. This affected the entire community and the staff at FGC was available to counsel individuals who required assistance.

On February 7, 2008 there was an episode of violence in an elementary school in Portsmouth. Shawnee Mental Health Center was contacted and provided counseling to

students, staff and community members who needed it. They provided the immediate response and then established dedicated hours, the next day, for students, parents, school staff and/or community members who wanted assistance. The Board is pleased with the provider's rapid and professional response to this community tragedy.

In earlier discussion with SMHC about disaster response, they also confirmed that they have been called on situations by the Red Cross and local Banks. In addition, there have been incidents that required their help in Assisted Living facilities. The policy of the agency is not to "just show up" but to await a request for counseling services. They do, however, reach out and make it known that they are available if needed.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	43	1	
Currently Available	43	1	

3. School Response, including prevention, consultation and education:
  - a. Universities & Colleges
  - b. Secondary and Primary Schools

*Click on gray box to enter text.*

Two of the staff members from ISY are instructors at Ohio University, Southern Campus in Ironton and have offered their services should there be a disaster on site that leaves individuals seeking assistance. Shawnee Mental Health Center has provided training in crisis intervention and MH to local school systems, upon their request, and would welcome the opportunity to work with Shawnee State University's security team.

There is a concern about HIPAA laws and how they impact potential disasters. Unless there is a targeted individual, which would trigger a "Duty to Protect" (HB71) response, HIPAA regulations prohibit the MH system from sharing information about individuals, including those who seem to be volatile.

**7. Outpatient Services.**

**a. Intensive Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days(wd) adult consumers wait for admission. The forms below allow you to report wait times for up to three providers of a service or program.

*Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”*

**a.1. Adult Intensive Care**

Click on gray box to indicate "Yes" with an "X." Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.1
ACT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**a.2.** Which intensive outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current area of focus.

Click on gray box to enter text.

Because of this Board's ever increasing tendency toward serving more and more clients with Medicaid eligibility, the focus on its system of care is becoming, solely, the SMD/SED populations. The providers have been fortunate as all of them have psychiatrists, on contract, to serve their clients. As the above chart indicates, access and capacity is acceptable. In all geographic and agency areas, referrals can be made to a wide array of services. Triage is not necessary under normal circumstances (it could be in the time of a disaster) as capacity and access make it possible for all levels of need to be addressed (again within the SMD/SED populations.) Individuals from the general population or those with no payer source do not have this immediate (if any at all) access to the agencies' services.

Quality improvement, in each agency, now follows ODMH's guidelines for Performance Improvement and their individual accreditation entity's standards. The Board does not have "eyes on" knowledge of the results of the agencies' Quality initiatives or data. It does, however, note the numbers and types of Client Rights and Grievance contacts that are made. These are steadily increasing and are, generally, concerned with access to services for individuals without Medicaid eligibility.

**a.3. Child & Adolescent Intensive Care**

Click on gray box to indicate "Yes" with an "X." Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type III	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Functional Family Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**a.4.** Which intensive outpatient services for children and adolescents have been area(s) of focus in the Board's current planning? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current are of focus.

*Click on gray box to enter text.*

Because of this Board's ever increasing tendency toward serving more and more clients with Medicaid eligibility, the focus of its system of care is becoming, solely, the SED/SMD populations. Several of the providers have child psychiatrists on contract which make the access and capacity acceptable. Three of the Board's six contract agencies serve only Children and Adolescents, one of which is a Residential Treatment Center, and SMHC has a separate and distinct Children's Program. In all geographic and agency areas, referrals are possible to a wide array of services. Triage is not necessary under normal circumstances (it could be in the time of a disaster) as capacity and access make it possible for all level of need to be addressed (again, within the SED/SMD populations.)

Quality improvement, in each agency, now follows ODMH's guidelines for Performance Improvement and their individual accreditation requirements. The Board does not have "eyes on" knowledge of the results of the agencies Quality initiatives or data.

**b. Routine Outpatient Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers wait for admission. The forms blow allow you to report wait times for up to four providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

**b.1. Adult Routine Outpatient Care**

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**b.2.** Which routine outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

As the psychiatrists are contract workers, the clients' appointments must be aligned with their doctors' availability; therefore, there can be a delay in obtaining an assessment conducted by a physician. Also, the medication refills are on a routine cycle which, usually, brings patients into see the physician every three or six months for refills.

Because of this Board's ever increasing tendency toward serving more and more clients with Medicaid eligibility, the focus of its system of care is becoming solely the SMD/SED populations. Triage is not used under normal circumstances (it could be in the time of a disaster.) Individuals from the general population or those with no payer source do not have this immediate (if any at all) access to the agencies' services.

Please see the paragraph on Quality Improvement in Sec. 2(7)(a.2)

**b.3. Child & Adolescent Routine Outpatient Care**

*Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.*

Click on gray box to enter text.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.3
Diagnostic Assessment -- Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**b.4.** Which routine outpatient services for children have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

Please refer to the paragraph on Diagnostic Assessment by a physician and medication refills in Sec. 2(7)(b.2) for a discussion related to access.

The other outpatient services are accessible with adequate capacity; however, this information reflects services to SED youth, only, and those in crisis. The general population's accessibility to services and the agencies' capacity to provide outpatient services is limited by the clients' ability to pay. Those individuals may be put on a waiting list. Triage is not used under normal circumstances (it could be in the time of a disaster.)

For information about Quality Improvement, please see the relevant paragraph in Sec. 2(7)(a.2).

**c. Best Clinical Practices.** (See Appendix C for definition and examples.) What, if any, Best Clinical Practices for Adults and/or Children and Adolescents have been area(s) of focus for the Board? Briefly discuss achievements and trends in these areas.

Click on gray box to enter text.

The following Best Clinical Practices are available in this Board's array of services:

-Multi-Systemic Therapy

- Cognitive Therapy
- Dialectical Behavior Therapy (DBT)
- Re-Ed Principles
- Play Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Functional Family Therapy
- Therapeutic Foster Care
- Early Childhood Intervention
- The Incredible Years
- Supported Employment
- Motivational Interviewing

The Board is proud that so many recognizable Best or Promising practices are available through its system of care. There has been an interest by several providers in adding additional types of these effective programs; however, cost and fidelity issues consistently remain a barrier. The staff in all of the agencies have high caseloads, (above the recommended norm) and the best practice models call for small caseloads to maintain fidelity. This is costly for agencies as it limits revenue. In addition the work is often labor intensive creating early "burn-out" and turnover. For example, the Functional Family Therapy Program is currently not accepting new referrals as it is not staffed to take on additional clients. It is, often, difficult to find individuals with the credentials and/or expertise to staff the Best Practices programs.

**8. Staff Capacity & Workforce Development.**

**a.** How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

*Click on gray boxes to enter number of FTEs.*

Pharm. Management Practitioner FTEs:*	6.00	<b>8.a</b>
CPST FTEs:	47.00	
Counselor/Therapist FTEs:	14.80	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

**b.** How many of the following positions for child and adolescent consumers were budgeted (047) in the Board area during SFY 2007?

*Click on gray boxes to enter number of FTEs.*

Pharm. Management Practitioner FTEs:*	16.40	<b>8.b</b>
CPST FTEs:	24.50	
Counselor/Therapist FTEs:	10.40	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

**c.** Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

*Click on gray box to enter text.*

The above number include duplicated counts in some of the agencies as the same clinicians serve adults and children.

While this Board has an "arms length" involvement in agency business and their policies and procedures, it is more than ready to encourage and support relevant training accessibility. Board staff is available to provide training that is specific to the local interactions between Board and Agencies. It will provide space and relevant support for agency training. On grant funded projects, agency staff are included in "out of the area" training and instruction using grant funds for their expenses.

When relevant training opportunities become known to the Board's management staff, the information is passed on to the agencies' leadership.

## 9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

### 1. Adult Justice/Court Coordination, Recidivism and Diversion.

*Click on gray box to enter text.*

The Board and its staff are becoming more closely involved and aligned with the SC adult criminal justice system. This is occurring in several areas including the Board's presence at the, quarterly, SC Community Corrections Board (CCB) meetings. Not only does this keep the Board's relevant information available to key members of this system, it provides the Board with timely information from stakeholders in the adult criminal justice system. Joe Krake, the Community Linkage contact for this Board, also attends these monthly meetings enabling the Board attendee to have face-to-face contact and discussions with Mr. Krake on a monthly basis. Also, the Board's Executive Director meets with Mr. Krake periodically. Another area includes the Executive Director's involvement with the Adult Drug Court. A more recent development is the appointment of a SC Court of Common Pleas Bailiff to the Board.

Shawnee Mental Health Center provides Crisis Intervention(CI) in the jails in all three counties and, as the Board's designated agency, participates in the Probate Courts as needed. The agency reports that there is a significant increase in the CI provision in the jails.

Family Guidance Center has a staff person in the Chesapeake and Ironton Municipal Court rooms, when in session, to provide immediate access should the Court wish to order a referral for MH assessment. They also provide jail visits to enrolled clients or individuals who are known to them.

### 2. Juvenile Justice/Court Coordination, Recidivism and Diversion.

*Click on gray box to enter text.*

Several agencies are very involved with the Juvenile Courts. It is important to note that the Chief, Probation Officer of the LC Juvenile Court serves, currently, on the Board of Directors and is a long-time "friend of the Board". The trend that is most visible in the Board's area is one of diversion, both in MH and AoD.

Shawnee Mental Health Center: Through grants from the Health Foundation of Greater Cincinnati, there was planning and then implementation of a Functional Family Therapy (FFT) program in Adams County. It works in conjunction with the Juvenile Court as a means of diversion and is considered to be successful. Due to the fidelity requirements of the model related to case load size, the program is currently on hiatus until staffing can be brought up to the necessary level. There are plans to replicate this program in LC. That process is currently in the relationship building stage.

Family Guidance Center: They receive referrals from the LC Juvenile Court on a regular basis.

Southern Ohio Behavioral Health: LC Juvenile Court operates the Boll Group Home which serves as a diversion for youth who would otherwise be sent to Juvenile Correctional Facilities. SOBH has the contract with this Group Home to assess and treat the youth sent there (unless they are already enrolled in another agency.) The outcome data kept by the Group Home, currently, show less recidivism. Southern Ohio Behavioral Health, also, receives referrals from the LC Juvenile Court.

The NECCO Center has accepted referrals from the Boll Group Home and has a good working relationship with the facility.

Integrated Services for Youth has a mentoring program that is specific to the youth referred from LC Juvenile Court. They, also, have a Sex Offender program with two certified treatment providers. The agency feels they have had good outcomes in this area with only one re-offender in ten years.

It should be mentioned here, also, that the Board's Executive Director was recently selected by the SC Juvenile Court Judge to be a part of the Scioto County contingent attending the upcoming Ohio Summit on Children scheduled for May 1-2, 2008, in Columbus.

**b.** Have any of the following areas been a focus for the Board? Discuss achievements and trends in those areas, if applicable.

### 1. Jails

*Click on gray box to enter text.*

As previously stated, FGC and SMHC both have a consistent presence in the jails both for CI and continuity of care issues related to their enrolled clients.

### 2. Detention Centers

*Click on gray box to enter text.*

Shawnee Mental Health Center provides services and consultation, primarily around suicidal threats and ideation, at the Scioto County Detention Center when services are requested or when the MASI tool indicates a youth is at risk. They also provide like services at the Wilson Group Home in Adams County which serves as a diversion facility similar to the Boll Group Home in LC. As previously stated, The NECCO Center accepts referrals from the Boll Group Home. SOBH visits and provides continuity of care for the youth who are enrolled in their agency as does FGC.

### 2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

SMHC is the agency called to provide CI or Assessment to clients who reside in the SC Homeless Shelter. Their 24/7 Hotline answers Domestic Violence (DV) calls in Adams County. Shawnee Mental Health Center accepts DV referrals. FGC has a working relationship with the DV shelter in LC and, after bringing training related to the Batterer to the community, now has a Batterers' Group which accepts Court referrals.

A Board staff member is present at the quarterly SC Housing Continuum of Care meeting as is the SC Homeless Shelter Director. This is an opportunity for regular interactions between the Board and the individual who has the most knowledge regarding homeless persons in SC.

### 3. Nursing Homes

*Click on gray box to enter text.*

As the Board has been involved in and supportive of the Older Ohioians Initiative since its inception, agency work in nursing homes is viewed with encouragement. Care has been taken, however, through the annual Medicaid Audits, to raise agency awareness around the NH client's ability to cognitively benefit from the services provided. As a result, the services have been tailored to match the NH's resident's ability to benefit from them. An even more positive approach, is the change (5122-29-17 [B][1]) in the CPST standard, effective 7/01/08, that requires the client to "Have the cognitive ability to be able to participate in and benefit from the service..."

Shawnee Mental Health Center has made it standard practice to continue following clients enrolled in the CPST Program who become NH residents.

Southern Ohio Behavioral Health has a comprehensive NH component in their array of services. The agency has contracts, currently, with 12 NH's in several counties in southern Ohio. They have not restricted themselves to the Board's catchment area. They have office space in each of the homes and receive their referrals from the NH's themselves. The driving force behind the services provided to each of the NH clients is to insure that they are in the least restrictive environment that meets their needs. This agency has been successful in assisting several clients return home or step down into assisted living. There is discussion, currently, at SOBH related to starting a Service Dog Program to be used specifically with the NH population.

#### 4. Prison Reentry

*Click on gray box to enter text.*

There is no specific work being done in the area of Prison Reentry at this time other than referrals to treatment for inmates being released and close communication with the Community Linkage contact for this Board. There is concern, in those referral cases, that no documentation and/or historical information accompanies the individual coming for the treatment.

#### 6. Physical/Mental Health Integration (Specify whether adult and/or child & adolescent.)

*Click on gray box to enter text.*

LC Family Guidance Center, an agency under the umbrella of LC Community Action Organization, has a good link to physical health care for its MH clients, both C & A and adults, through the Family Health Centers. A formal program to meet the physical needs of the clients is in the planning stages and is expected to be implemented in the near future.

The youth at The NECCO Center have a complete physical within seven days of admission and a dental and vision exam within 30 days of admission. If a child becomes ill or has an urgent need for medical care, he/she is taken to the Emergency Room or the local Urgent Care Facility as indicated.

Upon admission to ISY, the clients are provided with a Health Assessment. The results are then coordinated with the physicians under contract to ISY. Referrals are made based on the physician's recommendations. This agency serves, primarily, children and adolescents.

Shawnee Mental Health Center is in the implementation phase of a grant funded project entitled Integrated Primary Behavior Health Care. Implementation of this program began in 2007, but the Advanced Practice Nurse in the program resigned. Because of the staffing problems, the grant has been extended until November, 2008. This program is expected to serve SED adults.

Southern Ohio Behavioral Health, which serves both youth and adults, assists when necessary with clients' referrals and appointments for their primary health care.

**10. Prevention, Education & Consultation (P,C&E).** *Discuss achievements and trends in the following areas:*

- a. Suicide Prevention
- b. Any local or state P,C&E services of relevance to the Board.

*Click on gray box to enter text.*

This Board received a Grant from the Ohio Suicide Foundation to develop a Suicide Prevention Coalition (SPC) in Adams County. The Coalition has been formed and is functioning, there has been formal training for its members and the "bare bones" Strategic Plan has been developed. It will be submitted, in draft form as required, by April 15, 2008. Even the work that has been done thus far has raised the communities consciousness around Suicide as evidenced by the tremendous response to the offered training and the evaluations it received.

The Board's area providers approach MH prevention in the following ways:

**SOBH:** New clients are assessed for Suicide Ideation. If history and current status require, a Safety Contract is put in place. This agency has provided MH Prevention education in the schools in LC and the staff of the agency has recently received an in-service training on Suicide Prevention by an Licensed Independent Social Worker (LISW).

**SMHC:** Based on invitations, key members of SMHC's staff provided community education by writing a newspaper article on depression that was picked up by the Associated Press, served on a panel at the annual Gains Conference related to their CIT program and gave a panel presentation on telemedicine at the Ohio Council's Fall Conference.

This agency also has three key management staff persons who have been actively involved, from the beginning, in the development of the AC SPC.

**FGC:** The management at this agency has expressed an interest in serving on the LC Suicide Prevention Coalition when the development of that Coalition begins. It also is in the process of planning a Risky Behavior Program for youth and conducting risk assessments on-site in the schools.

**TCC:** This agency has, historically, conducted a comprehensive MH prevention program that maintained a presence in the AC elementary schools for years. It received much local praise from school officials and from stakeholder agencies. Unfortunately, due to budget restrictions, that program was discontinued in SFY08. There are no plans currently to restore it.

A key management staff person is active on the AC SPC.

**NECCO Center:** Upon admission, every child receives a Suicide Assessment which looks at family history, ideation, threats, plans etc. If ideation is present or surfaces while a resident at the Center, the youth is put on "every 5 minute watch" and an appointment is immediately made with his/her therapist.

Management has offered to have a staff person on the LC SPC when it

becomes operational.

This agency has a Certified Play Therapist on staff and has developed a marketing brochure for distribution. This brochure contains excellent educational material that explains the effectiveness of play therapy and why it works.

**11. Cultural Competency:** *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

*Click on gray box to enter text.*

All of the Board's agencies have a mechanism for clients to express their satisfaction or lack of it regarding the services and treatment they receive. The satisfaction scores all are in the above average range and, should there be an area that needs attention (as has happened occasionally) action is taken immediately to rectify the situation.

Shawnee Mental Health Center, after receiving ODMH grant funding for the project, developed a training team for internal use and then made it available to the community. Any agency may contact SMHC to arrange for this training to increase their staff's diversity awareness. This project, Building Strength Through Diversity, has been used by several agencies. In addition SMHC has an annual "Cultural Diversity Day" which brings increased awareness to staff and serves as a reminder to pay attention to cultural issues. Cultural Competency training is a part of all new hire's routine orientation at SMHC. An achievement worthy of note is related to a refugee from the Katrina disaster. She was offered employment at SMHC, which she accepted, and worked as a case manager for a time. She then felt the need to return home and requested some help with the transition process. Shawnee Mental Health Center assisted her and facilitated the return back to her home. It was a positive experience, considering the circumstances, for both the staff and the young woman involved.

Integrated Services for Youth recently had the SMHC Team in to work with staff. Integrated Services for Youth, also, when interviewing potential employees ask about the University course work they have had that deals with cultures and their norms. This may seem excessive, but ISY provides services to the youth who are admitted to the Mended Reeds Treatment facility. Those clients come from all over the state and the staff must be aware and prepared to deal with the differences they may bring. For example, a child was recently in services who came from a home in Brooklyn, NY where the parents were illegal aliens. The norms in that household and environment would be very different from the staff person's who has been a life long resident of Lawrence County, OH.

The NECCO Center has residents who come from all parts of the state and country. Because of the potential for "culture clash," extra care is taken to increase awareness related to cultural issues. They have worked hard to insure diversity among staff and have been successful. Cultural competency training is built into the orientation process for new hires. All staff receive a refresher

training on cultural competency on an annual basis.

The Counseling Center has a question on their satisfaction survey designated to culturally specific concerns that could occur. Cultural issues are discussed with the staff at monthly staff development meetings.

Family Guidance Center conducts cultural diversity training for their staff on an annual basis. The actual diversity among the agency staff is in alignment with the diversity in LC.

Southern Ohio Behavioral Health, in addition to many of the items mentioned above, has also focused staff training on treating Native Americans. Their staff is proportionately diverse for the area. The results of the satisfaction questionnaires have indicated a concern about waiting time to get an appointment. SOBH is working to alleviate that situation.

**12. Other:** Please use this area to discuss achievements and trends and other current state issues of concern to the Board.

*Click on gray box to enter text.*

The needs of the residents are changing, but the available funding mechanism is not keeping up. Innovative treatment modalities have been developed and been proven effective. The Board cannot say enough about the frustration that occurs at the Board and Agency level around the lack of discretionary funds. The only means available to this Board, due to the high percentage of Medicaid clients served, is grant funding. With that comes the all important question of sustainability. Often that means use of more Medicaid if we are to continue the grant funded program.

Most grants are looking for the newer treatments and best practices. One can assume those are the more effective means of helping clients as proven by research. The agencies and the Board would like to see them implemented in this catchment area affording the residents "state of the art" treatment. However, as previously stated, the cost of these newer methodologies is prohibitive. For example, four patients were recently discharged from ABH on a relatively new medication, Resperidal Consta. This is a medication that, when right for a specific client, is highly effective. It is also costly and the reimbursement from Medicaid is cumbersome. With the advent of Managed Care Medicaid, the reimbursement to the agency stopped. Therefore, the four discharged patients, who were stabilized, had their medication changed upon their return to the community--one of them was even put on Haladol.

The economic climate in Adams, Lawrence and Scioto counties and the history of cyclic families who have been "on programs" for generations have contributed to the extensive use of Medicaid in the region. As explained above, the more Medicaid use; the less innovative and, presumably, more effective treatment is available to the ALS clients.

Increased Medicaid match funds are needed and the types of Medicaid eligible services needs to be revisited to include the service components of, at least, the Best Practices now available.

### **C. Needs Assessment.**

Describe the processes the board used to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and education services. Include any data sources and types, methodology, time frames, stakeholders, collaborative partners and methods of prioritizing. Examples of

needs assessment processes include, but are not limited to: surveys, focus groups, expert panels, key informants, penetration rates, demographic and social indicators. The board must employ at least **one** of the above approaches and at least **one** approach that involves consumer participation.

*Click on gray box to enter text.*

In considering the priorities and the needed services, the following formal Needs Assessments were reviewed:

- Analysis of the Mental and Behavioral Health Needs Survey conducted in all three Counties as part of the Health Foundation of Greater Cincinnati's Grant related to Improving Access to School Based Mental and Behavioral Health Services.
- Scioto County's Strategic Plan for School Based Mental & Behavioral Health Services
- Lawrence County Health Department Community Health Survey 2007/2008
- Appalachian Family & Children First Council HB289 Planning Survey
- OACBHA Older Ohioans Policy Institute Priorities
- Each Agency Service Plan was reviewed

In addition, face to face interviews were held with each agency's management team.

The Board Consumer Operated Services (COS) liaison interviewed the Executive Directors in each of the COS regarding the needs of the local consumers.

#### **D. Community Plan for SFY 2008.** (Desired State)

Please refer to "Planning Terms" in Appendix C.

**1. Planning Processes.** Describe the process utilized by the Board to determine its priorities for SFY 2009. How did the Board decide the most important areas in which to invest their resources?

*Click on gray box to enter text.*

This was done, primarily, by talking to the people concerned, including Board staff, each provider agency's Executive Director and department heads, the consumers in the COS programs, and the Board of Director's. The above Needs Assessments were also considered but, frankly, there really is not much to decide given the Medicaid level of service provided by this Board. The non-Medicaid investments reflect how these funds have been traditionally designated. Programs that have grant backing will be given in-kind support, as appropriate.

**2. Recovery Supports.** Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for housing, employment, including supported employment, and other recovery supports of relevance to the Board, such as Wellness Management and Recovery, WRAP, Bridges, Networks of Care, Peer Support Services, etc. (See Appendix C for definition of recovery supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

Click on gray box to indicate priority level.

**2.a. EMPLOYMENT\***

Priority:  Low

Goals: Click on gray box to enter text.

While the Board agrees employment is an integral piece of Recovery, programming specific to vocational assistance and support is, for the most part, not Medicaid billable. There is billable work being done through the CPST Program that speaks to the employment needs and efforts of SED clients. Also, SMHC has a Vocational Program which is aligned with the RSC by virtue of their vendor status. Referrals are made by RSC and their funds follows the referral. Board financial support for new programming in this area is not feasible at this time; therefore this is not considered a priority. Of course, the Board remains philosophically supportive of agencies' efforts in this area.

Strategies: Click on gray box to enter text.

N/A

Measurable Objectives: Click on gray box to enter text.

N/A

Discussions and/or Collaborations: Click on gray box to enter text.

N/A

**2.b. WELLNESS MANAGEMENT & RECOVERY\***

Priority:  Low

Goals: Click on gray box to enter text.

Shawnee Mental Health Center has implemented a program of Wellness Management & Recovery, which is grant funded. This program and the Agency's ability to sustain it through other means, with some Medicaid services built in, is this Board's formal approach to Wellness Management & Recovery. The COPEs Group conducted at FGC use some of the guiding principles of WRAP and plans to expand the concept to fit their population. Board financial support for new programming in this area is not, currently, feasible; therefore this is not considered a priority. Of course, the Board remains philosophically supportive of agencies' efforts in this area.

Strategies: Click on gray box to enter text.

N/A

Measurable Objectives: Click on gray box to enter text.

N/A

Discussions and/or Collaborations: Click on gray box to enter text.

N/A

**2.c. HOUSING**

Priority:

Goals: Click on gray box to enter text.

The Board does not have a goal related to Housing at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray boxes to name Recovery Support area and indicate priority level.*

**2.d. OTHER:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

**2.e. OTHER:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

**2.f. OTHER:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**3.g. Other.** If you need additional space for discussion of Recovery Supports planning:

*Click on gray box to enter text.*

N/A

**3. Resilience Supports.** Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

*There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.*

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority:

Goals: *Click on gray box to enter text.*

Based on availability of resources, increase the number of schools that offer mental health services, on-site, to youth who are not, currently, enrolled with a MH treatment provider in Adams, Lawrence, Scioto Counties.

Strategies: *Click on gray box to enter text.*

1. Determine the actual number, if any, of schools that currently have MH services available, in house, for youth not enrolled with a provider agency.
2. Meet with Providers, individually, to discuss feasibility of in-school service provision explaining how it could be accomplished.
3. Survey school decision makers to determine which schools are open to this concept.
4. Arrange a meeting of all potential participants (schools, providers and Board) to discuss and "brain-storm" potential ways to accomplish this goal including cost sharing.
5. Identify a school and a provider to conduct a Pilot Project.
6. Evaluate and report out information learned from the Pilot Project to stakeholders.

7. Expand the project each school year.

Measurable Objectives: *Click on gray box to enter text.*

Increase the number of schools that offer mental health services, on-site.

Discussions and/or Collaborations: *Click on gray box to enter text.*

**3.b. EARLY CHILDHOOD CARE**

Priority:

Goals: *Click on gray box to enter text.*

Insure that funding from ODMH designated to this initiative is available to the provider(s) which participate in the provision of this service.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**3.c. TRANSITION AGE CARE**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of Transition Age Care at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

SMHC has traditionally moved the youth who continue to need services, as adults, gradually into their adult CPST program.

*Click on gray boxes to name Recovery Support area and indicate priority level.*

**3.d. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

3.e. OTHER: N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

3.f. OTHER: N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

3.g. Other. If you need additional space for discussion of Resilience Supports planning:

*Click on gray box to enter text.*

N/A

4. Inpatient Care. Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note

that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

*Click on gray box to enter number.*

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	2555	0
Private Psychiatric Hospitals: Adults	0	0
Private Hospitals: Children & Adolescents	0	0

Using the format below, please discuss goals and strategies regarding **inpatient care** in your Board area and identify anticipated discussions or initiatives with inpatient providers. Also, please describe any future goals and strategies to assess and improve **continuity of care** between inpatient and community mental health providers. Finally, please discuss any planning for patients discharged from inpatient care with serious **somatic health care** needs.

Address as many of the following questions as possible in your discussion of inpatient care, continuity of care, and somatic health care planning:

- i.** Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?
- ii.** If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?
- iii.** Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

**4.a. INPATIENT CARE**

Priority: High

Goals: *Click on gray box to enter text.*

To maintain hospitalization admissions and discharges to the degree that insures that the used bed days for SFY09 fall within the projected appropriate range (250 days less or more that the purchased bed days.)

Strategies: *Click on gray box to enter text.*

The designated agency, SMHC, and the Board will continue to closely monitor all potential admissions and seek alternative, appropriate treatment options. Discharges will be arranged and facilitated in the most expeditious manner possible, based on availability of funds. Any viable discharge option will be considered by the hospital treatment team and by SMHC

Measurable Objectives: *Click on gray box to enter text.*

The Board will stay within the 500 bed day range of its purchased amount of bed days.

Discussions and/or Collaborations: *Click on gray box to enter text.*

There will need to be some strong discussions by Board, SMHC, and ABH management regarding discharge decisions that meet the needs of the patients. More weight in the decision needs to be given to SMHC's opinion as that staff is more familiar with the patient and what can be considered his/her best interest.

**4.b. CONTINUITY OF CARE**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal related to Continuity of Care at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**4.c. SOMATIC HEALTH CARE**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of Somatic Health Care at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**4.d. Other.** If you need additional space to discuss planning in the area of inpatient care, continuity of care, or somatic health care:

*Click on gray box to enter text.*

N/A

**5. Residential Treatment Centers.** Using the format below, please discuss the Board's goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

**5.a. Residential Treatment Centers**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of Residential Treatment Centers at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives or Targets: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**5.b. Other.** If you need additional space to discuss planning in the area of residential treatment for children and adolescents:

*Click on gray box to enter text.*

N/A

**6. Crisis Care.** Using the format below, please discuss the Board's plan in SFY 2009 for areas of relevance in crisis care, e.g., hotline, warm line, 24/7 staffing, mobile response, crisis facility, contract for observation beds, respite/emergency beds, transportation service, or other. *It is not necessary to discuss all listed programs and services. This is primarily a place to discuss planned expansion or contraction of capacity in crisis care services and programs. Please discuss only those areas that are a focus of current planning.*

**6.a. Adult Consumers**

*Click on gray boxes to select area of crisis care and priority level.*

**6.a.1.** Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

To fund the Crisis Stabilization Unit (CSU) operated by SMHC to capacity to insure placements for individuals in lieu of hospitalization and to provide temporary options to facilitate timely discharges from ABH.

Strategies: *Click on gray box to enter text.*

Use Board non-Medicaid funds, if available, to support CI services which include CSU funding.

Measurable Objectives

An annual Utilization Review (UR) will indicate the CSU's average daily census which will be 8 or more clients in residence.

Discussions and/or Collaborations

Because this is a costly service, but a much needed one, the Non-Medicaid budget is significant. This priority lessens the possibility of providing other needed Non-Medicaid funded services.

**6.a.2.** Area of Adult Crisis Care: Hotline/Warmline

Priority: High

Goals: *Click on gray box to enter text.*

The Hotline will be funded, if non-Medicaid funds are available.

Strategies: *Click on gray box to enter text.*

See Strategies for Crisis Facility.

Measurable Objectives: *Click on gray box to enter text.*

The number of hotline contacts will remain consistent or will exceed the previous year's numbers.

Discussions and/or Collaborations: *Click on gray box to enter text.*

This is a safety issue in the community and for the clients.

**6.a.3.** Area of Adult Crisis Care: Staffing

Priority: High

Goals: *Click on gray box to enter text.*

The SFY09 Allocation for SMHC will include non-Medicaid funds, if available, to provide CSU, CI, and Hotline services

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**6.a.3. Other.** If you need additional space to discuss planning in the area of adult crisis care:

*Click on gray box to enter text.*

N/A

## **6.b. Child & Adolescent Consumers**

*Click on gray boxes to select area of crisis care and priority level.*

**6.b.1** Area of C&A Crisis Care: Crisis Facility

Priority: Low

Goals: *Click on gray box to enter text.*

To maintain crisis beds in the area for C&A, if funds are available.

Strategies: *Click on gray box to enter text.*

All Crisis Intervention services for C&A from this Board area are coordinated under the auspices of the Southern Consortium for Children in conjunction with the CI and assessment services at SMHC.

With the insertion of Managed Care into the system, it has become more difficult to arrange for these services when needed. The SMHC Hotline still handles calls regarding youth in need of crisis care. Respite services are available from several entities in the area that can, occasionally, alleviate the need for a more restrictive environment.

Measurable Objectives: *Click on gray box to enter text.*

The number of C&A hospitalizations will be compared with the numbers in the past indicating the direction of the trend. Data will also be kept related to respite and emergency placements.

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**6.b.2. Area of C&A Crisis Care:**

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**6.b.3. Other.** If you need additional space to discuss planning in the area of C&A crisis care:

*Click on gray box to enter text.*

N/A

**6.c. Planned Crisis Bed Days.** If the Board contracts for crisis beds, please indicate projected utilization for Adults and Children & Adolescents in SFY 2008 and SFY 2009:

*Click on gray box to enter number.*

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	3650	3650
Children & Adolescents	160	160

**6.d. Crisis Response.** Using the format below, please discuss the Board’s plan for SFY 2009 in the following areas. Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

**6.d.1. CIT/POLICE COORDINATION\***

*Click on gray box to select priority level.*

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a Goal in the area of CIT/Police Coordination at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

There is a CIT in SC and AC, but the activity within the Team seems to be slowing down. It was designed to use the CSU for a drop off point when the CIT identified an individual who would benefit from treatment rather than incarceration. Four beds were designated as CIT beds. After time, those beds became assimilated into the general CSU population and that is the way it remains. There are still trained officers and there is still one MH professional, each day, whose assignment is to accompany the CIT officer if required.

**6.d.2. DISASTER PREPAREDNESS\***

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a Goal in the area of Disaster Preparedness at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

All of the Board agencies have agreed to go, upon request, to schools and/or universities in the area to further their knowledge related to MH and violence/disaster. They are all responsive, if needed, in the wake of a disaster.

**6.d.3. COLLEGES & UNIVERSITIES\***

Priority:

Goals: *Click on gray box to enter text.*

There is no specific Goal to target the universities for Disaster Preparedness with the exception of the comments above.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

#### 6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

Goals: *Click on gray box to enter text.*

There is no specific Goal to target the schools for Disaster Preparedness with the exception of the comments above.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

#### 6.3.5. Other. If you need additional space to discuss Crisis Response planning:

*Click on gray box to enter text.*

N/A

**7. Outpatient Services.** Using the format below, please discuss the Board’s plan for relevant outpatient “services as usual,” e.g., Diagnostic Interview-Physician, Diagnostic Assessment, Pharmacological Management, CPST, Counseling, Partial Hospitalization. *It is not necessary to discuss all listed services. This is primarily a place to discuss planned expansion or contraction of capacity in routine outpatient services. Please discuss only those areas that are a focus of current planning.*

#### 7.a. Adult Services.

*Click on gray boxes to select service area and priority level.*

7.a.1. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

Upon discharge from ABH, patients will be given an appointment within 14 days to insure there is no disruption in the availability of their medication, based on availability of funds.

Strategies: *Click on gray box to enter text.*

1. The Team at SMHC who monitors and facilitates the hospital admissions and discharges will be aware of the discharge dates of this Board's patients.
2. An appointment will be made and given to the ABH social worker prior to discharges.
3. The monthly teleconference between, SMHC, ABH, the Forensic Monitor and the Board will continue thus providing a back up information system to insure the appointments are made and kept.
4. The discharged patient's CPST worker will work with the patient to insure compliance with medication and that the appointments are kept.

Measurable Objectives: *Click on gray box to enter text.*

One hundred percent of this Board's patients who are discharged from ABH will have a physician's appointment within 14 days to insure stability and medication continuity, based on availability of funds.

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.a.2.** Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of Adult Outpatient Services at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.a.3.** Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.a.4. Other.** If you need additional space to discuss planning in the area of adult “services as usual”:

*Click on gray box to enter text.*

N/A

**7.b. Child & Adolescent Services.**

*Click on gray boxes to select service area and priority level.*

**7.b.1** Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of C&A Outpatient Services at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.b.2** Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.b.3.** Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.b.4. Other.** If you need additional space to discuss planning in the area of child & adolescent “services as usual”:

*Click on gray box to enter text.*

N/A

**7.c. Best Clinical Practices for Adults, Children & Adolescents.** What are the Board’s plans for SFY 2009 regarding Best Clinical Practices? The term “best practices” includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

**7.c.1. INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)\***

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a goal in the area of IDDT at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter name of practice:*

**7.c.2. PRACTICE:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter name of practice:*

**7.c.3. PRACTICE:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/a

*Click on gray box to enter name of practice:*

**7.c.4. PRACTICE:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter name of practice:*

**7.c.5. PRACTICE:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**7.c.6. Other.** If you need additional space for planning in the area of Best Clinical Practices:

*Click on gray box to enter text.*

N/A

**8. Staff Capacity and Workforce Development.** Using the format below, please describe the Board's plan for workforce development in SFY 2009. For help with identification of goals, see Appendix G: **An Action Plan for Behavioral Health Workforce Development.**

*Click on gray boxes to enter workforce development area and priority level.*

**8.a.1.** Area of Workforce Development: Board staffing

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific Goal regarding Workforce Development at this time.

Strategies *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray boxes to enter workforce development area and priority level.*

**8.a.2.** Area of Workforce Development: Agency staffing

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a Goal to address Agency workforce development.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**8.a.3. Other.** If you need additional space to discuss planning in the area of workforce development:

*Click on gray box to enter text.*

N/A

**9. Inter-system Collaboration.** Using the format below, please describe the Board’s plan for SFY 2009 in the following areas.

**9.a. Adults**

**9.a.1. ADULT JUSTICE/COURT COORDINATION**

*Click on gray box to indicate priority level.*

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing Adult Justice/Court Coordination.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.a.2 ADULT RECIDIVISM**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing Adult Recidivism.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.a.3. ADULT DIVERSION**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal addressing Adult Diversion, at this time.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.a.4. Other.** If you need additional space to discuss planning in the area of Justice/Court Coordination, Recidivism or Diversion:

*Click on gray box to enter text.*

N/A

**9.b. Adolescents**

**9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION**

*Click on gray box to indicate priority level.*

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing Adolescent Justice/Court Coordination.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.b.2. ADOLESCENT RECIDIVISM**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have, at this time, a specific goal addressing Adolescent Recidivism.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.b.3. ADOLESCENT DIVERSION**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, for addressing Adolescent Diversion.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.b.4. Other.** If you need additional space to discuss planning in the area of adolescent Justice/Court Coordination, Recidivism or Diversion:

*Click on gray box to enter text.*

N/A

**9.c. Other Inter-System Collaboration.** What, if any, are the Board's plans for SFY 2009 in the following areas?

**9.c.1. JAILS**

*Click on gray box to indicate priority level.*

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing collaboration with the Jails.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.2. DETENTION CENTERS**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing collaboration with the SC Detention Center.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.3. SHELTERS (Includes Homeless, Runaway, Domestic Violence)**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at the present time, to address MH issues in Shelters.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.4. NURSING HOMES**

Priority:  **Medium**

Goals: *Click on gray box to enter text.*

Maintain the Board's involvement and presence related to the Older Ohioans Initiative through OACBHA.

Strategies: *Click on gray box to enter text.*

1. The named point persons for the Board will remain abreast of activities around this Initiative and will participate when appropriate.
2. The Board is, currently, partnering with the AAA7, SC office in a grant funded project that provides cursory MH assessment skills to Passport workers for the purpose of identifying individuals who may be in need of MH treatment.

Measurable Objectives: *Click on gray box to enter text.*

1. Attendance at meetings and conferences by Board personnel.
2. Positive feedback from AAA7 regarding Board participation in the Grant.

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.5. PRISON RE-ENTRY**

Priority:  **Low**

Goals: *Click on gray box to enter text.*

Should the proposed function of Board follow up on half-way house placement of inmates re-entering the community become reality, the Board will respond as directed.

Strategies: *Click on gray box to enter text.*

N/A at this time

Measurable Objectives: *Click on gray box to enter text.*

N/A at this time

Discussions and/or Collaborations: *Click on gray box to enter text.*

This will be difficult to accomplish if it comes to fruition. There are no half way houses of this type in the Board area. There are, however, inmates whose residences will be recorded as Adams, Lawrence or Scioto counties. The half way house they will enter will be in a location some distance from the Board. The follow up and monitoring function will be cumbersome and, perhaps, not as effective as one would prefer.

### 9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing Physical and Mental Health Integration.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

Two of the Board's agencies currently have goals to develop and/or implement this service.

*Click on gray box to area of cross-system collaboration:*

9.c.7. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

9.c.8. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

*Click on gray box to enter text.*

**9.c.9. OTHER:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**9.c.10. Other.** If you need additional space to discuss plans involving significant inter-system collaboration:

*Click on gray box to enter text.*

N/A

**10. Prevention, Consultation and Education (P,C&E).** What are the Board’s plans for SFY 2009 in the following areas? It is not necessary to discuss all prevention programs funded by the Board. Please discuss P,C&E planning of most salience or strategic importance to your system.

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority: **High**

Goals: *Click on gray box to enter text.*

Decrease the suicide rate in Adams County

Strategies: *Click on gray box to enter text.*

1. Form an Adams County Suicide Prevention Coalition utilizing grant funds received from the the Ohio Suicide Prevention Foundation.
2. Fulfill the requirements of the Grant including the development of a Strategic Plan.

- 3. Monitor the on-going local work and participation on the AC Suicide Prevention Coalition.
- 4. Apply for additional funding as it becomes available.

Measurable Objectives: *Click on gray box to enter text.*

The suicide rate in Adams County will be lower.

Discussions and/or Collaborations: *Click on gray box to enter text.*

There has been much Board involvement in this project, to date, but it is important for future success to gradually transition the work and membership to local participants.

*Click on gray box to enter name of P,C&E activity:*

**10.b. OTHER:** The Development of Suicide Prevention Coalitions in Scioto and Lawrence Counties based on availability of grant funds from the Ohio Suicide Prevention Foundation.

Priority: Medium

Goals: *Click on gray box to enter text.*

Develop active Suicide Prevention Coalitions in Scioto and Lawrence Counties, based on available funds.

Strategies: *Click on gray box to enter text.*

Apply for Ohio Suicide Foundation Grants to establish the Coalitions in both counties

Measurable Objectives: *Click on gray box to enter text.*

The Grant funds are awarded.

Discussions and/or Collaborations: *Click on gray box to enter text.*

These projects will begin as the AC Coalition becomes self sustaining and is functioning on its own.

**10.c. OTHER:** N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**10.d. Other.** If you need additional space to discuss planning for prevention, consultation and education:

Click on gray box to enter text.

N/A

**11. Cultural Competency:** What are the Board’s plans for SFY 2009to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

**11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing consumer satisfaction with services and staff.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**11.b. STAFF RECRUITMENT**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing staff recruitment to fulfill Cultural Diversity needs.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

**11.c. STAFF TRAINING**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing staff training related to cultural competency.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

It is vital, however, that any new information, initiative or task that becomes an integral part of Board operations and that has accompanying training be attended by the appropriate Board staff person(s). This would include training that presented new or different aspects of attaining cultural competency within the workplace.

**11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES**

Priority:

Goals: *Click on gray box to enter text.*

The Board does not have a specific goal, at this time, addressing cultural disparities in access and outcomes.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

There is an assigned Board point person for the Outcomes Initiative who carefully monitors the agencies compliance with the tools. Using a "red flags" technique, a pattern, indicating either a positive or negative outcome which correlates with a particular treatment goal, cultural diversity would be addressed. Should a trend be identified that indicates progress or the lack of it within a specific ethnic and/or cultural group, changes in treatment modalities would be considered.

*Click on gray box to enter text.*

**11.e. OTHER:**  N/A

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

**11.f. Other.** If you need additional space to discuss planning in cultural competency:

Click on gray box to enter text.

N/A

**12. ANYTHING ELSE?** Are there are other Board plans for SFY 2009 not covered by the outline? Is there any other information pertinent to the Community Plan that the Board would like to share?

Click on gray box and enter text.

This Board has had exceptional success in its rejuvenation of the Consumer Operated Services in Lawrence and Scioto counties. There had been a program in all three counties, previously, which had become defunct. After specific staff time was provided in terms of support for the consumers who were interested in having a "drop-in" center, Consumers Helping Consumers (CHC) once again became a place where individuals could go to spend time, work in the thrift shops, watch TV, have meals, develop friendships and, in general, add socialization and leisure time activity to their days.

Since the Lawrence and Scioto programs are meeting the needs of the SMD consumers, it is a logical step to move the program into Adams County as well. That is a current Goal of this Board, based on availability of funds.

When discussions arise within the current CHC groups, some ideas, needs and concerns have surfaced and they will be addressed in SFY 09. Art Therapy and Anger Management Groups have been requested. There are concerns, from individual clients, about their CPST worker not being available to them for weeks at a time. That has been discussed with SMHC and solutions are being considered. Ethical and Community Awareness training is being scheduled for the COS clients.

**13. Projected Budget.** Please refer to the following link:

<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/2009/budget-template.xls>

Using the Board’s submitted SFY 2007 FIS-040 report as a baseline and for comparison purposes, please complete the Community Plan Budget excel spreadsheet for SFY 2009 (if desired, your SFY 2007 FIS-040 may be obtained from Holly Jones at [joneshm@mh.state.oh.us](mailto:joneshm@mh.state.oh.us)). **The Excel spreadsheet must be included with the Word form template, when submitting your Community Plan electronically.** Please indicate how the Board plans to purchase services by fund source.

**14. Business Rules.** Identify any changes in the Board’s business rules (See Appendix E. Business Rules for MACSIS) that will be necessary to accomplish the Board’s Plan for non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid.

Click on gray box and enter text.

There are no changes in this Board's MACSIS Business Rules.

**E. Evaluation of Plan Implementation.**

**E.1.** How does the Board plan to evaluate services, pursuant to ORC 340.03?

<http://codes.ohio.gov/orc/340.03>

Click on gray box and enter text.

1. The Board conducts an annual Medicaid Audit and Medical Necessity Review which provides measurements and analyses of quality, effectiveness, efficiency and documentation compliance.	E.1
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<ol style="list-style-type: none"> <li>2. There is regular monitoring on the inquiries that fall under the Clients' Rights Officer's balliwick which provides a sampling of the level of community acceptance of services.</li> <li>3. There is also a system in place to monitor and analyze all Incident Reports received by the Board which provides a snapshot of the safety levels in the provider environment.</li> <li>4. Annual UR is performed on the services provided which provides measurement and analysis of the patterns of service.</li> <li>5. Outcomes are monitored which provides measurement and analysis of the levels of consumer outcomes achieved by clients in the service district.</li> <li>6. The Board requires that Agency Service Plans are revised, annually, to correspond to their submitted budgets which insures the programs are in place and operational for which funding is requested.</li> </ol>	
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**E.2.** How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

*Click on gray box and enter text.*

<p>At the conclusion of each State Fiscal Year, the Board conducts a Utilization Review using information from the Board databases. A report is provided to the Board of Directors with recommendations regarding suspected over-utilization in any one area.</p> <p>Previous service utilization can be a factor in procurement decisions and that information comes from the Board databases</p>	E.2
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**E.3.** To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

*Click on gray box and enter text.*

<p>There have been some areas of the Medicaid Audit and the Medical Necessity Review that have been called into question by both agency staff and the Board auditing staff. When ODMH had a personnel change in the position of Compliance Manager, Office of Medicaid, some interpretations became different from what the field staff was accustomed to. Additionally, it was announced that there would be more changes that would be in effect by the audits of SFY08. Training is needed on these type of changes to insure consistency around the State between the reviewers.</p>	E.3
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**Form 1**  
**Board Appointment Data Sheet**

**Form 2**  
**Community Board Resources**

a. Please provide the name, address, phone number, and email of the Board’s Forensic Monitor:

Name	Street Address	City	Zip	Phone Number	Email
William Reed	344 Muskingum Dr.	Marietta	45750	888-889-8944	bill_reed@wcmar.org

b. Please provide the name, address, phone number, and email of the Board’s Community Linkage Contact:

Name	Street Address	City	Zip	Phone Number	Email
Joe Krake	ODMH, 30 East Broad St.	Columbus	43215-3430	614-466-4199	krakej@mh.state.oh.us

c. Please provide the name, address, phone number, and email of the Board’s Client Rights Officer:

Name	Street Address	City	Zip	Phone Number	Email
Carolyn Ison	802 Chillicothe St.	Portsmouth	45662	740-354-5648	cmison@verizon.net

Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME Adams, Lawrence, Scioto Counties ADAMHS Board</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Appalachian-Athens</b>	2555
<b>Appalachian-Athens</b>	
<b>Appalachian-Athens</b>	
<b>Appalachian-Athens</b>	
<b>Total Inpatient Days</b>	2555

Signed \_\_\_\_\_  
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The Adams, Lawrence, Scioto ADAMHS (Board) has passed a resolution making the following:

- The Board plans to elect distribution of 408 funds.
- The Board plans not to elect distribution of 408 funds

Signed:

\_\_\_\_\_  
(Name)  
Executive Director  
(Board)

Date: