

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties

**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: the Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties is “To reach out and provide vital prevention and treatment services to every resident.”

Vision: the Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties will be the recognized leader in promoting and supporting superior behavioral health services.

Values:

- HOPE: Believe in Recovery for every person. Assist people to recognize their own strengths and assets so they can believe their future will be better than their present.
- HELP: Give each person immediate attention. Listen, assess, educate and take action.
- CARE: Give of yourself. Provide expertise, attention and compassion.

**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.*

Currently the Board has identified two major areas of focus:

1. Early intervention activities - focused prevention, intervention, education, outreach and consultation activities that will engage residents at an earlier age and at an earlier stage of treatment need. The purpose being to attempt to break the downward spiral of untreated mental illness.
2. Recovery and Resiliency services focused on those youth and adults experiencing severe and persistent mental illness and in need of treatment and treatment supports.

The Board's business rules create a greater cost sharing for those individuals seeking assistance who do not fall into either of the above categories. These individuals are asked to pay a greater proportion of the treatment costs. In addition, provider agencies are shifting their focus of service provision to early intervention and recovery and resiliency activities. Working with the criminal justice systems, schools, MRDD, seniors, and persons with dual diagnosis are considered priority activities.

**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 following best practices in recovery and resiliency are being implemented locally:
1. NAMI Housing Institute / Housing as Housing
  2. CCOE Supported Employment
  3. Copeland's WRAP
  4. Duluth Model Domestic Violence
  5. NAMI Family to Family
  6. Network of Care
  7. Moral Reconciliation Therapy (MRT)
  8. Bridges
  9. Group Interventions: Bi-Polar Support; Partners of Adults Molested as Children; and others
  10. Stages of Change
  11. Teen Screen (Columbia University)
  12. Filial Play Therapy
  13. Homebuilders Program
  14. Lifeskills Training
  15. Solution Focused Brief Therapy
  16. Thinking for a Change
  17. DECA Screening and Incredible Years

### **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	2.1.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 type="checkbox"/>	<input checked="" 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.*

4 - 6 Consumers Waiting	2.1.d
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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.*

Yes	2.1.e
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.*

10 Consumers Waiting	2.1.g
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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.*

40 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.*

Allen, Auglaize and Hardin has become part of the statewide Outcomes Program as of October this year. The data is just beginning to be collected.

**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 checked="" type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input checked="" type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Annual Housing Surveys of SMD clients	

**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.*

48 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.*

MHR SB facilitated meetings to prepare a Blueprint to End Homelessness for Allen County this past summer. A Board staff is the current chair of the Continuum of Care as well as a member of the Housing Consortium. The C of C is responsible for implementation of the Strategies in the Blueprint, many of which deal with our consumers. The Board is also implementing a housing strategy that was developed for 2005 - 2010. The agency providing services to the SMD population (LSS) is scheduled to prepare its own housing strategy with the next year. A supported housing program was contracted for in FY2008 and plans to serve a minimum of 30 clients. The Housing Authority was awarded funds for 25 S+C vouchers to serve only SMD consumers for 5 years beginning in FY07. LSS has been managing housing trust fund dollars for the past 3 calendar years and was recently awarded \$98,100 for CY08 + 09 for rent and utility assistance. The MHR SB contracts for various housing sites providing various levels of services. LSS and MHR SB have a very strong working relationship with the Housing Authority that has assisted moving our clients onto Section 8 vouchers as they become available. The Assistance Director of the Housing Authority serves on the Board for MHR SB.

## 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 clients assisted with obtaining jobs was 42. In addition another 40 were enrolled at RSC to learn needed skills to allow them to move to employment.

**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 board receives monthly reports provided by the Vocational Manager of the local adult community mental health agency. The program has set a goal of serving 150 individuals in FY2008.	<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.*

338 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.*

Persons served receive a comprehensive written vocational evaluation that considers all relevant factors regarding their capacity to perform work-related tasks, and such factors include social, medical, psychological, and cultural factors, and environmental conditions such as the availability of assistive technology.

The written evaluation includes information gathered from personal interviews, observations of work simulation, behavioral and psychosocial data, and other relevant sources of information. Work adjustment services help persons to develop or restore basic work skills, attitudes, and habits which include supervised experiences that provide opportunities to learn. Occasionally a consumer may experience continuing difficulties on-the-job for reasons relating to deficits in his or her educational, social and/or daily living skills. Often, these consumers lack even a fundamental understanding of certain skills that are considered “basic” to any employment contract. Skill development training services help persons to acquire the skills needed for specific job titles or training and are individually tailored to meet each person’s employment objectives and relevant community labor market conditions. Skill development training effectively addresses: Job placement services help employers to successfully employ persons who require special accommodations, and assist potential employees in acquiring and retaining jobs.

When authorized by the referring agency, job developers can provide post-placement follow-up and intervention services in support of consumers considered to be “at risk” in terms of their ability to maintain long-term employment in their current jobs. These services are available for any authorized time frame, typically 30, 60, or 90 days.

Follow-Along services occur in community based employment and is designed to provide you with support in your work as needed. The Individual Service Plan will include your long-range and short-term goals that you want to accomplish while working. A Progress Report is prepared weekly and a meeting is held with you, the follow-along specialist, referring Counselor, clinical support staff, and family members, as appropriate:

**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.*

Resilience Supports have been prioritized in the three county areas as evidenced by an increase in numbers served in School Based Prevention Services as well as Early Childhood Education and Support Services. Teen Screen, Youth Life Skills, Social Skills Training; Parent Project, Incredible Years, Triple P; DECA Assessments for Early Childhood; Family Preservation Practices that Target On Site Community Supports have promoted, prioritized, collaborated, and implemented prevention and early intervention services in schools, day care and preschool settings, primary health care settings; Children's Services, and Help Me Grow Centers. Resiliency Supports are now widely agreed upon as essential to the long term well being of all children and family served.

**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.*

We are not sure how accurate this data is we are attempting to contact each school building in our three counties to begin to asses the impact of school-suspensions and expulsions on SED children.

- 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.*

Parent and School Surveys: Semi-annual reporting to the MHR SB. Survey of school building principals and counselors.	<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.*

tttth	<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	365	365	13	17	
Private Psychiatric Hospitals: Adults	802	1531	209	356	
Private Psychiatric Hospitals: C&A	3	3	1	1	

**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.*

The board currently has a grant with St. Rita's Medical Center for adult indigent inpatient beds. There is also an arrangement with Dettmer for child / adolescent indigent inpatient care on a per diem basis.	<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*

Yes	<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.*

14 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.*

14 C&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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

*Click on gray box to enter text.*

Placements appear to be occurring primarily by juvenile court in our three county area. Particularly in Hardin County. Although there are FAST SAR(Service Area Respresentative) at all FCFC FAST subcommittee meetings--placements decisions are made outside of the FCFC committee meetings. Continued education and wrap around services will be offered, particularly targeting the needs of Hardin County Juvenile Court to reduce unnecessary out of home placements.	<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 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 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 type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input 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	0	0	
Children & Adolescents	0	0	

**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.*

FRC and the local crisis provider(Lutheran Social Services) have developed an admission protocol which has emphasized immediate access to Family Resource Centers for Outpatient Services. Families who are discharged may be linked within one day to FRC. This provides a "safety net" for all residents in distress.

**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.*

The board provides at least annually CIT training that includes law enforcement, probation/parole, corrections, EMS and other first responders. In addition there is a monthly Law Enforcement / Criminal Justice System meeting in Allen County and quarterly meetings in Auglaize and Hardin Counties. The We Care Regional Crisis Center is the "drop off" point for all law enforcement and with special arrangement, the St. Rita's Police Force takes over when necessary so that officers can return to community policing.

There is an effort this year to provide county-focused CIT trainings. The biggest challenge is for small departments to devote 40 hours of training - this has been the biggest barrier.

**2. Disaster Preparedness**

*Click on gray box to enter text.*

The board and providers have been meeting regularly for the past two years in an effort to develop a coordinated internal disaster response. In addition, board staff and providers have been meeting with disaster coordinating agencies (Health, Red Cross and EMA) in an effort to better coordinate resources and response. The board is in the process of negotiating a consultation agreement with the School of Environmental and Emergency Management at the University of Findlay in order to develop a system-wide Incident Command Structure (ICS), levels of emergency, and protocols for response.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	40	10	
Currently Available	20	4	

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

*Click on gray box to enter text.*

The board through its agencies has responded to crises at all levels. Family Resource Centers is prepared to respond to primary and secondary school emergencies and has done so in the past. Lutheran Social Services with the board is developing a better coordinated response based on two recent events in Bluffton - University baseball team bus crash and flooding. There has also been significant interest and involvement from the regional campus of Ohio State University. Contacts have been made with Ohio Northern and University of

Northwestern Ohio as well.

**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 type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 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 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.*

Adults with SMI, dual diagnosis of MR/MI and SAMI, criminally involved adults with MI or dually diagnosed and families in danger of losing their children have been the boards area of focus. The adult community mental health agency has implemented a triage system in which they advertise as "orientation". During this orientation they complete the Ohio Outcomes as well as have an opportunity to see a therapist face-to-face who completes a lethality and mental status exam in their efforts to triage all consumers. The result of this triage system determines how quickly a person has access to services and the level of care in which those services will be delivered.

Access is immediate for the general public. The "orientation" is considered access and this is offered daily. Access for those traditional patients who have no emergent needs is approximately 10 days for a diagnostic assessment and less than 30 for a psychiatric appointment with a physician.

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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.

Program Needs Assessment is underway to determine the need for an intensive group education and support program for middle school age youth removed from school or on a modified day and/who have a behavioral health disorder. Since the community has lost some viable local options, If there is a need, would provide another "safety net" for students who are not achieving school success due to behavioral health concerns. It allows an option to address behavioral health issues, increase social skills, plan for return to school, and ensure that those children in need are provided safety and structure needed to stabilize behaviors and achieve school success.

**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 below 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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"/>	
Pharm. Management	<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"/>	
Counseling/ Psychotherapy	<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"/>	
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.

Supported employment services have been provided in the past two years to adults with behavioral health disorders and/or have been incarcerated. Approximately 95 adults have received this services since the program began. Approximately 47% maintained employment.

Another area of adult outpatient focus has been the development of education and therapy groups. These groups allow clients greater access by permitting clinicians to see more clients in less time. It also takes less time for clients to experience repeat access. This aids in the development of more time sensitive objectives for repeat therapy goers, while continuing to avail therapy to the greatest number of people in the most efficient way possible. While not for everyone, this economy of service works for many leaving therapists with additional time in which to see newcomers into the system.

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**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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"/>	
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.

The primary area of focus is access to pharmacological management services. Monthly discussions with local directors as well as community partners has been on-going to work through barriers to access. Prioritizing communication with local nurse practitioners, and family physicians to provide care to low acuity youth has improved the ability to bridge the gaps in access. Planning is underway to develop a system-wide community support liaison to medical services for all children in need to ensure continued improvements in residents obtaining the health care needed.

The other area of focus has been the development of outreach services: Juvenile Court; Help Me Grow, and Schools which have improved access, support, and collaboration with community partners to ensure families are served in locations of most convenience and need for services.

**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.

Please refer to the list of best practices identified on page 2.

Cognitive Behavioral Competency Training has been emphasized and provided system wide to

address the many needs of children, adolescents, and adults served. . Social Skills Groups have been emphasized for the juvenile offender population. WRAP around and Home Based Services are promoted as a crucial "family preservation" strategy.

Insofar as best clinical practices can be defined as those initiatives that best exemplify the scientist/practitioner model of human services; sound, research based initiatives and information put to use in clinical practice, the best examples continue to come from our group based initiatives. From the STAGES program in AOD counseling, to our Domestic Violence program based on the Duluth Model of DV counseling, more of our groups (of which there are more than 20) incorporate sound empirical information is a reality based clinical practice. While it is still too soon to talk about our success in many of the newly formed groups, and it is likely that some of the groups will be discontinued for lack of enrollment, the fact remains that a concerted effort is being made to reach the greatest number of people, equip them with the best scientific information, and evolve them through therapy and education groups in the most cost efficient means possible without compromising clinical care.

**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:*	2.80	<b>8.a</b>
CPST FTEs:	12.50	
Counselor/Therapist FTEs:	7.50	

\*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:*	0.66	<b>8.b</b>
CPST FTEs:	5.50	
Counselor/Therapist FTEs:	7.70	

\*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 Board is concerned about the shortage of qualified professionals to serve in all aspects of the local behavioral health system. In discussion meetings preparing for the Board’s strategic plan, it was evident that competition for qualified staff often results in indiscriminate hiring, extended vacancies, and gaps in service. We believe that we are in a crisis of human talent; the pre-service preparation, recruitment, and retention of committed and qualified staff must be a priority to meet the demands of consumers, to create competent agencies, and ensure quality for funders. With this reality in mind, the Board included a comprehensive human resources strategy within our

FY 2006 – 2010 strategic plan:

Critical Planning Issue #6: Develop and implement a system-wide human resources plan.

Goal: To ensure that human resource requirements do not limit system growth and ability to achieve objectives.

To date, the Board has initiated the following strategies to improve employee recruitment and retention:

Profiles Easy – a comprehensive human resources recruiting, screening, hiring, and coaching system through Gratz and Associates. This program has both web-based and interactional components and is designed to ensure appropriate job fit for all persons hired, including both professional, paraprofessional, and support staff.

Retention Associates, Inc. Staffing Survey – Under the direction of principal investigator Ben Gray, Ph.D., staff in the Board's contract agencies participate in a computerized survey that ensured their anonymity. The survey provides staff an opportunity to evaluate their leadership, the organizations mission and delivery of service, as well as how valued they are feeling within the organization. A result of this survey one year ago, prompted the one agency to develop a better orientation system and a mentoring program to support new staff during their assimilation into the organization. At another, the staff identified areas of needed improvement such as team-oriented leadership, and mentorship for new employees.

## 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.*

Supported Employment Services in Auglaize County have prioritized incarcerated adults in the correctional system in collaboration with Dept. of Job and Family Services, Correctional Facility, and Family Resource Centers.

In addition there have been significant developments at the Auglaize Correction Facility in developing mental health and alcohol and drug interventions within the facility that are then completed at the community mental health center in St. Mary's. Currently ODMH funded research is underway to test the outcomes of this multidimensional program involving significant collaboration and partnership with the above named entities.

Allen County Jail is also involved in integrating mental health treatment into the facility and recently is contracting for time from our community psychiatrist to see patients while incarcerated. This has greatly improved care and retention of patients once released.

The board's Criminal Justice Coordinator facilitates a treatment court for persons with substance abuse, mental illness or both. The court has reduced recidivism significantly. Currently of the more than 60 graduates from the program only 3 have committed another felony level offense.

The board's designated agency receives prison discharge information monthly that identifies returning residents up to 6 months in advance of their release. This has greatly improved continuity of care. Theresa Morman and Heather Powell from DRC have been significant contributors to this effort.

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

*Click on gray box to enter text.*

CAST (Court Assessment Services Team) is a program which offers screening and linkage to youth engaging in status offenses or domestic violence. FY07: 100 youth and families served with 67%

reported to not recidivate according to local court data. ; Drug Court Participation in Allen County; On-Site Court Liaison Screening & Linkage Program; Moral Reconciliation Therapy in Allen and Auglaize County have all been strategies to reduce recidivism in the juvenile population.

**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.*

See 9.a.1 above

2. Detention Centers

*Click on gray box to enter text.*

The local juvenile detention center has been prioritized by the board. In Allen County, a court liaison position has been implemented in the past year to ensure screening, linkage, and on site assessments, as well as group education is provided to youth who are incarcerated. In 3 Quarters of Data for this program: 47 served; 36 completed program (77% completions) which includes assessment, and/or group; and/or counseling. 2 recidivisms reported.

2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

Recently Safe Harbor, the local runaway shelter closed because of funding issue. The Board convened a task force of all interested parties to discuss the need for such a shelter as well as to plan for reorganization. The 30 participants all agreed that the need was there but programming should focus more on current issues like - post crisis stabilization, respite care, etc. A new shelter is now being planned.

The Mission and Samaritan House are both involved in the local Continuum of Care and homelessness outreach being lead by the board. In addition, Samaritan House collaborates with LSS in providing DV intervention. the board's Criminal Justice Coordinator completes DV screenings requested by the courts in all three counties and then refers individuals to the appropriate level of care. Currently groups are available for both victims and batterers.

The board recently lead an effort to complete a Blueprint to End Homelessness that involved 38 individuals from 33 agencies. The Blueprint identified a number of strategies that are now being implemented in the community - shelters for intact families, collaboration among agencies in working with homeless families and individuals, training in the Bridges Out of Poverty Model for all staff, developing housing for youth in transition from DYS or foster care to name a few. The Outreach Committee of the Continuum of Care is now responsible for overseeing this important initiative for our area.

3. Nursing Homes

*Click on gray box to enter text.*

The board has indicated in its 2006-2008 Strategic Plan that services to older adults are a priority, both in terms of outreach and clinic-based services. The board has begun strategic partnerships with the PSA 3 Area Agency on Aging, the local Councils on Aging in our catchment area. Included in these partnerships are area nursing homes, who participate in the collaborations through cross-disciplinary trainings, facilitation of support groups, and inter-agency referrals. The board anticipates expanded relationships with long-term care providers and organizations serving older adults.

4. Prison Reentry

Click on gray box to enter text.

ReEntry of Local Youth is a program prioritized in collaboration with Dept. of Youth Services. Adolescents/Adults returning home from the institution are assessed for behavioral health services prior to release to ensure successful re-entry. DYS reports a decrease in recidivism since project's inception two years ago. Approximately 22 youth per year released. Of the 22 youth-73% do not return to the institution according to data provided by DYS.

See 1.a.9. above for prison discharge planning

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

Click on gray box to enter text.

Initial efforts have begun in discussion with Lutheran Social Services, Family Resource Centers and Allen County Health Partners to discover ways to better serve clients holistically. Outreach has also occurred with local family practice physicians and OBGYN practices to make them more aware of local services.

This is a priority area for development in the next 2 - 5 years as identified in the Board's Strategic Plan.

**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.

Columbia University Teen Screen Program is an achievement of this board area. This board area is screening and referring more youth than any other Teen Screen Program in Ohio. Last Year, This board received the Garrett Lee Smith Grant. The board will be expanding this service to more grades and schools in the three county area.

Suicide Coalitions are being formed after the "Walk Out of Darkness" occurred this past November. There is also a survivors support group that has started at LSS and more efforts at awareness, prevention and support are being planned.

**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.

The Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties helps facilitate understanding of the cultures of our staff, contract agency personnel, consumers, family members, and community by promoting cultural competency. The knowledge encompasses understanding of differences and respecting the individuality of those with whom we interact.

Our initial efforts were focused on opportunities for learning through a variety of culturally based trainings. We are fortunate to have the Lima UMADAOP (Urban Minority Alcohol and Drug Abuse

Outreach Program) who provides training and technical assistance on cultural competence, as well as culturally-specific programming.

A recent tragedy in our community once again brought the issue of service disparity, discrimination, feelings of helplessness, and anger between and among persons self-identifying as part of different cultural and racial groups. For this reason, we have requested technical assistance from the Ohio Department of Mental Health to conduct a “cultural competence audit” of our local system of care. The goal of this audit will be to further identify disparities in both recruiting staff and in access to care issues. While statistically our service populations reflect the general racial and ethnic distributions of our community, we believe that there are improvements to be made.

We are a diverse collection of communities. Within our Board area, we have an urban center in Lima, Ohio, with approximately more than 26% of persons in the community self-identifying as black or African American. In the rural sections of the Board catchment area, populations are predominantly white but still contain significant diversity. We also know that within our area, there are significant populations of persons who are gay, lesbian, bisexual, transgendered, and/or differently gendered. Our major adult contract agency offers services which are specific to persons who self-identify as GLBT/DG including group therapy services specifically for these consumers. There are currently no specific services for youth who self-identify as GLBT/DG. However, the children’s agency offers traditional counseling services for these youth and their families.

In Hardin County, one of the most economically challenged counties outside of Appalachia, there is a large population of persons who are Amish, and a strong culture of poverty. Auglaize County, while more affluent, has many diverse groups, and communities that are often mistrustful of outside assistance.

These circumstances combine to challenge us in areas of consumer and family member satisfaction. Both of our major contract agencies report in their Quality Improvement reports that their consumers with mental illness and/or addictions who are African American are disproportionately involved in the criminal justice programming.

The Board has not specifically required culturally-specific programming, and will assess the results of the cultural competence audits in decision-making for future service contracting.  
(See also C.11.)

**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.*

1. MI/MRDD Task Force - the local board has been recognized statewide has developing a promising practice in this area of dual diagnosis. Achievements in DDIT were recognized by the CCOE at Wright State University and also achievements in traumatic brain injury outreach and support were recognized by the Ohio Association of Brain Injury. This association recognized the collaboration for implementing a TBI Coordinator for our region. This task force is now undertaking a study of Autism and how our system can better respond to this burgeoning need.
2. Support Groups - realizing the need for services outstrips the resources available to meet the need, the board began an effort to train more support group facilitators in order to develop more natural support systems throughout the community. Two such trainings have occurred and more than 80 facilitators have been trained. A significant number of support groups are springing up in churches,

hospitals and at agencies, providing people another level of care.

3. Faith Partners - this is an effort on the part of the board to reach out and engage churches in developing supportive environments and inside experts at each faith community. The group meets once a month on Saturday morning and to date more than 35 faith communities are participating.

4. Senior Outreach - the board has engaged the local PSA3 and each County Council on Aging as well as the Allen and Auglaize County Senior Citizens Center is developing programming for effective outreach to seniors. Regular cross training is occurring as well as discussion and plans to implement a 211 system as a collaboration between the PSA3 and Lutheran Social Services.

5. Outreach to Corporations and Businesses - part of the board's strategic plan identifies the need to intervene earlier - efforts have been successful in engaging Procter and Gamble, Rudolph Foods and the Allen County Chamber of Commerce in training and education about mental illness and effective treatments for recovery.

### 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.*

The Board has undertaken the task of ongoing needs assessment through both quantitative and qualitative methodologies. The following are the needs assessments that the board initiated, participated in, or are ongoing.

1. September 2004 , Board Operations Analysis - surveyed 27 key informants regarding Board Priorities

2. February 2005 , Phone Survey of 600 households in Allen, Auglaize and Hardin Counties identifying consumer / public awareness of behavioral health needs

3. June 2005 - January 2006, Strategic Plan Development - survey and focus groups involving consumers, family members, health and human services, faith-based communities, providers, family and children first councils, nursing homes and senior services providers - involving over 200 participants

4. April 2006 - October 2006 - We Care Allen Feasibility Analysis - survey of over 60 key stakeholders in identifying the needs for Allen County Behavioral Health Services

5. April 2007 - October 2007 - Blueprint to End Homelessness - survey of 38 stakeholders involving 38 agencies as well as consumers to identify a strategic plan to end homelessness in Allen County.

6. June 2007 - Family and Children First HB 289 Process - developed a strategy for each county based on needs assessments completed by each council. The board is utilizing this information in developing its strategy especially for younger children and school aged children.

7. Web-based satisfaction survey - the Board has developed a satisfaction survey that is in the process of being deployed via the board's web site. Some results have already been assessed.

8. Ongoing Advisory Committees - the board utilizes a number of key stakeholder advisory groups to stay abreast of current trends:

- a. Law Enforcement / Criminal Justice Task Force
- b. MI/MRDD Task Force
- c. Hardin County Advisory
- d. Auglaize County Advisory
- e. Healthy People 2010

- f. Family Advisory
  - g. Faith Partners
  - h. Crisis Services and Disaster Committees
  - i. Consumer Recovery Council is currently under construction
9. Focus Studies are currently underway with an emphasis on services to children
- a. Safe Harbor Focus - emphasis on runaway and homeless youth and youth in need of short term respite care
  - b. Children's Continuum of Care - focused on studying services from high end acute care to more prevention and intervention services
  - c. Peer Support Task Force - Consumer focus group charged with development and growth of peer support services
10. The National Comorbidity Survey completed by NIMH, Harvard and University of Michigan has provided invaluable prevalence information that has been very useful in service planning.
11. Through October 2007 the board utilized Clinical Precision Plus to determine outcomes and client satisfaction with services.
12. Annual Housing Survey - annually over 280 consumers are surveyed about their housing and employment preferences. This data is then utilized in program planning.

**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.*

Annually the board develops it priority goals for the year based on input from the needs assessments identified above. Input is specifically solicited from provider agencies, task forces, families and consumers in the development of these priorities. The Board's Planning Committee invited key stakeholders to a special meeting to discuss the board's SFY 2009 on February 13, 2008. At that meeting over 20 key stakeholder representing health departments, MRDD, NAMI, consumers, juvenile courts, provider agencies, churches, CSB, and MHR SB Board Members participated in a focused discussion. Announcements went out to all three counties informing them that the community plan was posted on our website - [wecarepeople.org](http://wecarepeople.org)

Normally this discussion would occur in May - July but was scheduled for February in order to meet the ODMH Community Plan submission deadline. These priorities will continue to be discussed in the coming months and could be further refined based on continued input from the community.

**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: **High**

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

To increase competitive employment for persons with severe and persistent mental illness and for persons dually diagnosed with alcohol or other drug addiction.

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

Competitive employment is supported and encouraged through SE [Supportive Employment] model. Staff working in the SE Program provide personal attention, direction and support of individual clients before, during and after their job search.

Pre-vocational group training is also part of the LSS VRP Program. These groups aim at enhancing personal awareness, teaching social skills and fostering community involvement by participating in a weekly volunteer project out in the community. This particular group is monitored by staff and aims at encouraging clients to become independently involved in community volunteering.

An initial vocational assessment is conducted by the Vocational Manager at the client's county of residence. Additional supportive employment services are also be provided at the client's county of residence. Zero exclusion criteria – eligibility is based on the client’s choice to work

Employment services are integrated with mental health services and include rapid job search, follow along supports, and personalized benefits planning.

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

1. Number of clients in the program. 2. Number of clients working and /or in training 3. The special needs of the client [i.e. whether they are SMD] 4. Referral sources and involvement of these referral sources 5. Place of employment 6. Discharges from the program 7. Tracking by month of referral made to the program. and 8. % of clients employed.

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

RSC is an agency that assists people with disabilities obtain and maintain competitive employment and have partnered with our vocational rehabilitation program. RSC has numerous consumer supports that can be helpful in reducing employee stress and /or promoting employee longevity.

Career Development Company has engaged in a contract with LSS for job placement services and related support programs. These services include job development, resume preparation, transportation to and from an interview and post placement follow along/ or post placement intervention.

A monthly meeting is held with these agencies, in addition to others, to coordinate services. The department of Jobs and Family Services has the One Stop Accent Center linking job seekers with employers and are represented in these meetings.

Also paramount is maintaining medical and food stamp programs for clients. A connection has been

made with the Neighborhood Relief Thrift Store and the West Ohio Food Bank to allow our pre-employment group to volunteer 1 hr. per week. In addition, clients can opt to independently “volunteer their time.

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

Priority: **High**

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

To provide a safe peer directed environment that encourages, facilitates, and supports consumer recovery in order to achieve improved social connectedness, improved employment and reduced hospitalizations.

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

A Peer Support Task Force will be convened in March 2008 to develop programming and outcomes for a higher level peer supported environment or consumer operated service for Allen, Auglaize and Hardin Counties.

The Task Force will eventually become a Consumer Recovery Council by October 2008

The Task Force will explore partnering with other community organizations in order to create an enriching environment focused on recovery for the FY 2009 contract

The Task Force will explore the use of Wellness, Management and Recovery principles and seek technical assistance from the WMR CCOE

The Task Force will be responsible for choosing a vendor to facilitate this higher level of programming

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

Task Force formed and regular meetings scheduled by March 2008

Number of community partners engaged in the process

Development of programming based on Wellness, Management and Recovery principles

Technical assistance provided by CCOE

Recovery Council formed as an ongoing structure of the Task Force by October 2008

# Employed

# Hospitalized

# Engaged actively in the program

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

Develop a discussion with the CCOE, Consumers and providers about Wellness, Management and Recovery. Include community arts groups and other interested community partners.

## 2.c. HOUSING

Priority: **High**

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

To attain permanent safe, decent, and affordable housing for individuals with mental illness and/or alcohol or drug addiction.

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

Supportive Housing, Supervised Housing, HAP, Subsidized Housing, Licensed Group Homes, Transitional Housing, Emergency Homeless housing, Community Residence/SHOP, Ohio Trust Fund, and Home Ownership.

1. Residents who participate in our 90 day transitional program will develop and utilize coping skills to control their signs and symptoms of their illnesses without having to be hospitalized. Signs and symptoms will be decreased according to the Brief Psychiatric Rating Scale administered during their stay at the facility.

2. Our Emergency Homeless housing will monitor the average length of stay, numbers served, and length of time for discharge planning to permanent community housing.

3. Our ACF's, transitional housing, supportive housing, and supervised housing programs measure the number of hospitalizations. It is our goal to demonstrate the utilization of these programs decrease hospitalizations and/or involvement with the criminal justice system. We measure the numbers of individuals who remain in permanent stable housing for distinct length of time to demonstrate that housing assistance increases treatment compliance and housing stability. We also track those individuals in these programs who engage in meaningful activity.

4. Each of the facility resident's is reviewed monthly by their respective CSP to ensure that needs are being met. Each resident is also met with semi-annually to determine eligibility to remain at that facility. Each resident is a member of his/her own treatment team and makes the decision whether or not the facility is still necessary. This level of care ensures that all symptoms, behaviors, thought processes, etc. that pose barrier's to people living independently are accurately observed so as to be addressed by the treatment team.

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

Increase number of discharges to permanent housing rapidly

- Average length of stay of residents
- Discharge direction of resident
- Length of stay at less restrictive environment(if applicable)
- Satisfaction survey's of the residents at the facility.
- Number of hospitalization's.

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

Allen County Board of MRDD  
St. Rita's Medical Center  
Career Development  
Vocational Rehabilitation  
ASTOP  
SSI/SSDI Office

Allen County MH Court

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

2.d. OTHER: Supportive Housing Services

Priority: High

Goals: Click on gray box to enter text.

To provide individual supportive services as needed in order to enable consumers to remain in their own homes in order to achieve stability in housing and reduced hospitalizations.

Strategies: Click on gray box to enter text.

Determine those clients who need this level of service and monitor reduction of decompensations/hospitalizations for each

Measurable Objectives: Click on gray box to enter text.

Number remaining in their homes  
Number who are not hospitalized  
Number of supportive housing staff

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

Possible services provided by peers or volunteers

Click on gray box to enter text.

2.e. OTHER: Consumer Socialization Service

Priority: Medium

Goals: Click on gray box to enter text.

To engage consumers at an early stage of recovery in order to enable them to achieve a higher level of social connectedness and improve activities of daily living

Strategies: Click on gray box to enter text.

Identify programming that combines CPST groups with social activities for consumers.

Measurable Objectives: Click on gray box to enter text.

Number of consumers participating and engaged  
Number of consumer who "graduate" to a higher level of recovery  
Development of a social connectedness measure

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

Work with the developing Consumer Recovery Council to identify needs for this level of service.  
Work with Pharmacological Management and St. Rita's Inpatient unit for referrals.

Click on gray box to enter text.

2.f. OTHER:

Priority:

Goals: Click on gray box to enter text.

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

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

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

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

*Click on gray box to enter text.*

**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: High

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

1. To ensure that children will learn effective coping strategies for managing peer pressure and skills to refuse violence, substance abuse, bullying, and other destructive behaviors in order to improve school attendance and improve grades.
  
  2. To ensure that parents will learn effective parenting skills to promote positive discipline, increase family bonding, and improve child self-esteem in order to improve family stability and school attendance.

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

1. Delivery of curriculum-based lessons to students - Life Skills Training. Teacher training. Parent follow-up.
  
  2. Delivery of curriculum-based lessons to parents - Parent Project

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

1. # of students instructed / Pre/post student assessments  
# of teacher trainings  
# of students with improved school attendance

- 2. # of parents instructed / Pre/post parent assessments  
# of children who remain in the home

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

- 1. Elementary and middle schools in Allen, Auglaize and Hardin Counties Provider agencies  
Parent/Teacher organizations
- 2. Parents Parent/Teacher organizations Schools CSB Juvenile Courts Social Services Agencies

**3.b. EARLY CHILDHOOD CARE**

Priority: **Medium**

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

- 1. To reduce mental health concerns that parents have about their young children.
  - 2. To create systems that support professionals, parents and caregivers in providing nurturing relationships to young children.
  - 3. To provide non clinical support groups for children and families (e.g. children of alcoholics/addicts, family bonding, etc.)
- In order to achieve family stability

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

- 1. Identified families will complete appropriate training through Bright Beginnings ECMH program.
- 2. Train professional and non-professional facilitators. Establish support groups based on facilitator needs assessment and planning.

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

- 1. # of Families receiving Early Childhood Mental Health Services; Allen Auglaize Hardin  
# of Professionals receiving Professional Development Services  
# of Families reporting increased confidence in parenting Skills  
# of children who remain at home
- 2. # of professionals and non-professionals trained  
# of groups initiated and completed  
# of group participants

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

- 1. Collaborations with Help Me Grow, Family and Children First Councils, Head Start, pediatricians, Allen County Health Partners
- 2. Faith community, schools, faith-based counseling and social services agencies, other human services agencies, primary healthcare.

**3.c. TRANSITION AGE CARE**

Priority: **Medium**

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

To establish housing for youth transitioning from foster care and DYS placements as identified in the Allen County Blueprint to End Homelessness in order to achieve housing stability, reduced contact with criminal justice, and improved employment

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

Under development with Outreach Committee of the Continuum of Care

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

# of youth 18+ who successfully find the appropriate housing and supports to make successful transition to independent living  
# of youth with reduced CJ contact  
# of youth employed

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

Children's Services, Juvenile Court, Met Housing Behavioral Health Providers, Medical Community

*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.*

To develop enhanced social networks and improved access to integrated behavioral health services for senior adults in order to enhance social connectedness

Strategies *Click on gray box to enter text.*

Decreasing isolation through wellness and social networking events like "dance parties" and "caregiver supports". Development of intersystem collaborations for senior adult wrap services.

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

# of events sponsored  
# of participants  
Procedures for intersystem senior wraparound collaboration established.

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

Local councils on aging, PSA 3, senior adult protective services, primary health care/ gerontology, BH service providers, transportation providers, long-term care facilities.

*Click on gray box to enter text.*

**3.e. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**3.f. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

**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	365	13
Private Psychiatric Hospitals: Adults	632	158
Private Hospitals: Children & Adolescents	83	21

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:

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

To reduce utilization of state hospital and local private hospital admissions and lengths of stay for adults.

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

Reconfigure current group home 14 beds to be able to handle more acute patients either as a diversion from inpatient or as a discharge strategy by increasing medical staff, medications availability, higher level of staff and shorter length of stay

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

Reduced number of beds days utilized at St. Rita's and Northcoast Toledo Campus;  
Increased number of clients utilizing the alternate program;  
Reduced number of clients readmitted within 30 days

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

Working with St. Rita's both inpatient and emergency department, We Care Crisis Center, TVBH Dayton, NAMI and Lutheran Social Services

**4.b. CONTINUITY OF CARE**

Priority:

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

To develop continuity of care agreement with North Coast Toledo Campus similar to the one in place currently with TVBH Dayton

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

Board will formalize relations with Northcoast Toledo upon transition

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

Final continuity of care document

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

**4.c. SOMATIC HEALTH CARE**

Priority: **Medium**

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

To promote integration of behavioral and physical health care in order to improve overall client health, reduce hospitalizations, improve stability in the community

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

Develop improved relationship with Allen County Health Partners (Federally Qualified Health Center) and local family practices in the three counties. Working to improve somatic health for adults and children by improving referral relationships and consultation with psychiatry for these practices. Establishing linkage between outpatient services and the medical practices. Developing a liaison with the medical community and psychiatric consultation services.

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

Number of relationships developed with family practices.  
Number of clients who successfully are engaged in family practice of Community Health Care.  
Establishment of liaison and consultation relationships  
Number of hospitalizations

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

Working with Allen County Health Partners, Family Practices in Allen, Auglaize and Hardin Counties as well as the County Health Departments, the local hospitals and their medical staff and Lutheran Social Services, Family Resource Centers, NAMI, and the Board.

**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.*

**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: **Medium**

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

To reduce the number of children and youth who are admitted to residential treatment centers or inpatient facilities in order to improve family stability, reduce contact with CJ system, and improve school success

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

Consider establishing day programming locally in order to provide a more intensive level of services for youth that is individualized to each one's need.

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

Establishment of day programming  
Number of youth and children who participate  
Acceptance of the program by referral sources  
Reduced number of youth and children who are admitted to residential or inpatient programs  
Number of youth who remain at home  
Number of youth with improved school attendance  
Number of youth with reduced contact with CJ system

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

Child and family treatment providers, St. Rita's Medical Center, Juvenile Courts, Children's Services, Schools, Foster Care Networks, Psychologists, Family Physicians, MRDD, family and children first councils

**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.*

**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 maintain current level of 24 hour on site crisis staffing and Hot Line at the We Care Regional Crisis Center in order to improve access to services and avoid hospitalizations or reduce the length of stay at hospital inpatient

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

Continue to publicize the availability of the service and to work with St. Rita's Emergency Department and local law enforcement to better utilize the service.

Measurable Objectives

Increased number of people treated at the Crisis Center rather than emergency departments  
Increased number of crisis and info and referral calls  
Length of stay if hospitalized

Discussions and/or Collaborations

Law Enforcement, Emergency Departments, Hospitals, NAMI, Board

**6.a.2. Area of Adult Crisis Care:** Mobile Response

Priority: High

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

To develop and implement mobile crisis services that respond to area hospital emergency departments on a contractual basis in order to reduce hospitalizations or reduce length of inpatient stay

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

Continue contracts with Lima Memorial, Joint Township and Hardin Memorial and explore contract with Bluffton Hospital.

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

Number of hospital contracts implemented  
Monitor response time of mobile team to each hospital  
Increased number of successful dispositions  
Improved satisfaction of emergency department staff  
Number hospitalized

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

Local hospitals, law enforcement, and other referral sources

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

Priority: High

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

To develop transportation plan for patients in need of hospitalization at facilities other than St. Rita's in order to improve access to intensive services as needed

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

Explore contracts with local ambulance services and utilization of off duty officers in transportation

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

Number of contracts  
Monitor response time  
Improved satisfaction of local emergency department and crisis center staff

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

Work with emergency department, local transportation providers

**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.*

**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:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

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

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

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.

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	0	0

Children & Adolescents	0	0
------------------------	---	---

**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: Medium

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

To expand CIT /Police Coordination to two programs per year and specifically engage hospital police and college and university police forces in order to improve officer safety and improve access to behavioral health services for the community

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

Personally visit police chiefs, sheriffs, fire departments, judges in the three counties to elicit support for the CIT program that has been established. Utilize recent graduates from the local CIT program to gain wider acceptance, Focus on police and other first responders

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

Successfully implementing two programs per year with at least 20 participants in each program representing law enforcement from all three counties as well as first responders.  
 Number of behavioral health injuries to officers  
 Improved access to services for CIT responding officers

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

Judges, Police Chiefs, Sheriffs, Fire Chiefs and other first responders as well as county commissioners.

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

Priority: Medium

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

To develop Incident Command Structures and to identify at least four levels of crisis / disaster in order to enhance behavioral health services to the community and improve access to services post emergency

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

Identify four levels of disaster response. Identify agency based and system wide Incident Command Structures to respond to the various levels of disaster. Contract with an expert consultant to help develop the levels of care, the trigger mechanisms for each level, the incident command structures for agency and system, training and drills for the initiative. Successfully work with local EMA. Red Cross and Health Departments to accept and utilize the behavioral health system ICS.

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

Levels and trigger mechanisms for each level identified.

ICS implemented at two levels (agency and system).  
Training implemented and at least one Drill experience.  
Expert consultant identified and retained.

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

Work with behavioral health agencies, Red Cross, Health and EMA as well as law enforcement, fire and EMS to establish response structure within a larger county context

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

Priority: **Medium**

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

See 6.d.1 for CIT training. To develop improved relationship with the local colleges and universities for services, programs, referrals and crisis outreach

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

Engage the police forces as identified in 6.d.1 above. Work with the counseling and guidance centers at each college and university to develop a training at freshman orientation as well as a presence at each university and college either physically or through an easily accessed referral protocol for students and faculty.

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

Number of officers in CIT.  
Number of trainings at each college and university.  
Establishment of at least one contract or memorandum with a college or university for services.  
Number of students who participate in programming.  
Number of referrals made for service.

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

Work with Ohio Northern University, University of Northwestern Ohio, Rhodes State College, Bluffton University, Ohio State University Lima, and local behavioral health providers.

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

Priority: **High**

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

- 1. To continue presence in every school district and most school buildings in the three counties.
- 2. To establish ICS for more local incidents as they occur.

In order to improve access to BH services and decrease the risk of crisis in schools

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

See 6.d.2 above

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

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

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

*Click on gray box to enter text.*

**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: Counseling

Priority: High

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

To expand the utilization and availability of a wide array of group counseling interventions in order to improve access to services and improve retention in services

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

Train current staff in group dynamics and explore best practices in group interventions. During the assessment process identify clients who could benefit from a group intervention and help them to engage in group programming.

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

Increased number of group interventions  
Increased number of trained staff  
Increased number of clients participating in group services  
Increased retention of clients once engaged in services

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

Work with key stakeholder groups, referral sources, NAMI and consumer groups to understand group dynamics.

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

Priority: High

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

To expand the number of "physician extenders" - Nurse Practitioners and Physician Assistants working in Pharmacological Management and at inpatient settings in order to improve access and reduce hospitalizations.

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

Recruit NP and PA staff to work with psychiatrists in order to improve access to services and to

work with clients who are more stable in their recovery. Develop good working relationship with the hospital to explore the use of NP.

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

Number of NP and PA staff recruited and hired  
Number of patients hospitalized  
Access time to services

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

Local psychiatrists, consumers, NAMI and hospitals

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

Priority: **High**

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

To expand early intervention / prevention programming for adults in order to engage people at an earlier stage of their treatment need and reduce hospitalizations

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

Identify an array of support groups and support group facilitators within the agencies and the community that can provide supportive services for those who need a lower level of care

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

Number of support groups and support group facilitators involved  
Number of persons engaged in support groups  
Improved access time to services  
Number hospitalized

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

Work with stakeholders and referral sources, especially churches to understand the value of support groups.

**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.*

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

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

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

Priority: **Medium**

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

To develop day programming (see above)

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

See 5.a above

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

**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.*

**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: **Medium**

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

To ensure that staff are dually credentialed or that a treatment team approach is utilized especially incorporating an array of best practice group approaches in order to reduce hospitalizations, improve stability in the community and increase employment among clients.

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

To identify at least three best practice models for dual diagnosis treatment including SAMHSA

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

Number of models identified  
Number of best practice group approaches utilized in treating persons with a dual diagnosis  
Number hospitalized  
Number employed  
Number with housing stability

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

Law enforcement, corrections, judicial and probation/parole

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

**7.c.2. PRACTICE:** **IHBT**

Priority: **Medium**

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

To pilot the use of IHBT best practice through ODMH grant with SAFY in order to improve family stability, increase school success, and reduce contact with CJ system

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

Work with SAFY in establishing its IHBT program approach in Allen County

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

Number of families engaged  
Number of youth successfully stabilized in housing  
Number of youth experiencing school success  
Number with reduced contact with CJ system

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

CSB, schools, juvenile courts, other behavioral treatment providers.

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

**7.c.3. PRACTICE:** **Trauma Focused Community Based Treatment**

Priority: **High**

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

To explore more completely the utilization of TF-CBT for both youth and adults and to have staff trained in this speciality in order to reduce hospitalizations and improve stability and functioning in the community

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

To investigate training in Eye Movement Desentization and Reprocessing (EMDR) and to identify other models that address TF-CBT

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

Number of staff trained  
Number of clients engaged in treatment  
Number of models identified  
Number of clients hospitalized  
Number in stable housing

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

Community behavioral health providers

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

**7.c.4. PRACTICE:** Tobacco Dependence Treatment

Priority: Low

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

To establish tobacco dependence treatment

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

Gain grant to train staff in this area of programming

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

Number of staff trained  
Number of clients engaged in treatment  
Number of persons who successfully stop using tobacco products

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

Community behavioral health providers

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

**7.c.5. PRACTICE:** MRMI

Priority: Medium

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

1. To continue the work of the MIMRDD Task Force and the DDIT with the Traumatic Brain Injury coordinator.  
2. To establish a coordinated effort at treating Autism.

In order to improve family and community stability, increase school success

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

Establish an Autism Team to study treatment modalities and then to train staff from MR and MI to work collaboratively with the schools in treating autism.

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

Number of staff trained  
Number of schools engaged in development  
Number of families involved  
Improved school attendance  
Improved family stability

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

A wide range of stakeholders needs to be identified and engaged in this process including schools, MRDD, families of persons with autism, community behavioral health providers and others.

**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.*

**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:   
Priority:

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

To recruit and retain caring, qualified, competent staff at all levels of service delivery

Strategies *Click on gray box to enter text.*

Utilize "ProfilesEasy" screening, hiring and post employment coaching model

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

All contract agencies will utilize "ProfilesEasy" for recruitment and retention  
1. Number of staff screened through the model  
2. Number of job profiles and coaching interventions developed

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

Gratz and Associates, human resources consultant

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

**8.a.2.** Area of Workforce Development:   
Priority:

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

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

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

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.*

**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: High

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

To expand / enhance Domestic Violence Screening at Municipal Courts in order to improve family stability and reduce involvement with the CJ system.

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

Expand the number of trained screeners.

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

# of screens completed  
# ordered into treatment  
# engaged in treatment and successfully complete  
# with family stability  
# reduced contact with CJ system

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

Engage probation / parole into the discussion about referral.

**9.a.2 ADULT RECIDIVISM**

Priority: Medium

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

To expand Mental Health Court activities to Municipal Court in Allen County in order to improve compliance with treatment, reduce hospitalizations, reduce involvement with CJ system increase housing stability, increase employment.

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

Establish mental health docket with one judge – Allen

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

Establishment of the docket  
# of referrals  
# reduced hospitalizations  
# employed  
# housing stability

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

Work with probation / parole and the judges to understand the benefit.

### 9.a.3. ADULT DIVERSION

Priority: **Medium**

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

To utilize Mental Health Courts as pre-adjudication diversion for persons with mental illness when indicated in order to improve treatment compliance, reduce hospitalizations, reduce involvement with CJ system, increase employment and housing stability..

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

Designate personnel to serve as diversion liaisons based on established criteria and procedures.

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

Procedures and criteria established  
# Personnel assigned  
# of appropriate persons in program  
# reduced hospitalizations  
# employed  
# housing stability

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

Explore joint staffing with courts and contact agencies. Research practice models.

**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.*

### 9.b. Adolescents

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

*Click on gray box to indicate priority level.*

Priority: **Medium**

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

To increase intersystem coordination through the Court Assessment Services Team in order to reduce involvement with CJ system, improve school success and improve family stability

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

- 1. To continue multidisciplinary team meetings with Allen County Juvenile Court
- 2. To establish multidisciplinary team meetings with Auglaize County Juvenile Court

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

- # recidivate
- # school success
- # stable housing

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

Ensure participation from court and CSB in the project

### 9.b.2. ADOLESCENT RECIDIVISM

Priority: **Medium**

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

To establish paid mentoring program for youth and young parents in order to improve family stability, reduce contact with CJ system, improve school success.

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

Establish relationship with Rhodes State College and Human Services Department for coordination and students

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

- Coordinator identified
- # of mentors trained
- # of referrals
- # school success
- # family stability
- # reduced CJ contact

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

Work with FCFC in three counties and Rhodes to establish program

### 9.b.3. ADOLESCENT DIVERSION

Priority: **Medium**

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

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

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

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.*

**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.*

To expand assessment program at Allen County Jail in order to improve access / compliance with treatment.

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

Establish procedure and funding for in-jail assessments to occur as well as initial programming

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

Assessor identified  
# of referrals  
# of successful engagements into treatment

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

Work with local providers, jail administrator, Sheriff, criminal justice coordinator

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

Priority:

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

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

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

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.*

To develop shelter for homeless intact families.  
To develop shelter for homeless youth.  
  
In order to improve family stability, housing stability and school success

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

Implement strategies identified in the community “Blueprint to End Homelessness”. Develop strategy with key stakeholders in the community based on past experience at Safe Harbor.

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

# families in emergency housing  
# of providers / beds for intact families established  
# increased school attendance  
Identify the key data needs for decision-making.  
Establish the availability of funding.  
Identify providers.

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

Open discussion with schools, community agencies and churches. Identify and engage key stakeholders especially juvenile court, CSB and mental health providers.

#### 9.c.4. NURSING HOMES

Priority:

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

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

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

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

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

Priority:  High

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

To improve discharge planning for persons in the criminal justice system in order to facilitate reintegration into major life domains: employment, housing, treatment/ aftercare.

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

Establish mechanism for regular discharge reporting from prisons throughout the state at least 6 months in advance of discharge

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

# of prisoners successfully engaged in community treatment  
# employed  
# stable housing  
# recidivate

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

Collaboration with DRC, mental health providers, local law enforcement

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

Priority: **High**

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

To promote integration of behavioral and physical health care in order to improve overall health and reduce hospitalizations

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

1. Establish an ongoing relationship with Allen County Health Partners and Family Practice Physicians in the three counties
2. Establish a liaison in both the child/family and adult system to work with clients and providers to establish a better connection with somatic health as well as to incorporate health screenings as part of pharmacological management programming

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

Liaisons established for both systems  
Number of family practices engaged  
Improved working relationship with Allen County Health Partners  
Number hospitalized

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

Behavioral health providers, ACHP, family practices, hospital physician groups

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

### 9.c.7. OTHER: **Faith-Based Initiative**

Priority: **High**

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

To continue and enhance the work of the Faith Partners Group to include more churches and increase the number of support groups available for persons in need of lower level emotional supports in order to improve access to the right level of treatment and improve community and family stability

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

1. Continue monthly meetings of faith partners group and outreach to other ministerial associations and churches who express and interest
2. To develop specific outreach strategies for pastors and elders of churches with predominantly African American membership.

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

Number of churches involved Number of support groups established Number of church trainings accomplished Number referred for higher level of treatment
---

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

Work with ministerial associations and other faith based communities
--

*Click on gray box to enter text.*  
**9.c.8. OTHER:**

--

  
Priority:

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

--

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

--

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

--

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

--

*Click on gray box to enter text.*  
**9.c.9. OTHER:**

--

  
Priority:

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

--

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

--

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

--

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

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

*Click on gray box to enter text.*  

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**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:

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

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

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

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

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

**10.b. OTHER:**

Priority:

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

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

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

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

**10.c. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

**11. Cultural Competency:** What are the Board's plans for SFY 2009 to 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: High

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

To ensure that consumers, family members, and community customers are treated as highly valued customers in order to improve overall satisfaction with services and improve access and retention in services.

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

Develop a series of focus experiences for representative populations of consumers, family members, and community customers including:

- \* Current SMI consumers (Peer Support Task Force, Consumer-led focus groups)
- \* Faith-based partnership initiatives focus experience - pastors and elders from local churches with predominantly African American congregants
- \* Regular meetings of system Family Advisory Council
- \* Web-based customer/referral source satisfaction surveys

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

- \* A minimum of three Peer Support Task Force/Consumer-led focus groups conducted in FY 2009
- \* Host two informal community-based meetings to engage pastors and elders from local churches with predominantly African American congregants in a dialogue about service access, perceptions, and needs
- \* Meet quarterly with Family Advisory Council to address any concerns and elicit feedback
- \* Post and tabulate web-based customer satisfaction tool

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

Board will collaborate with the We Care Faith Partners, Covenant Ministry Services, and the African American ministerial associations utilizing a current Board member who is an African

American clergyperson as a liaison.

**11.b. STAFF RECRUITMENT**

Priority: **Medium**

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

To ensure a diverse and qualified workforce for the Board and contact agencies.

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

Continue with web-based ProfilesEasy staff recruitment tool.

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

Provide training and continuation funding for the ProfilesEasy recruitment tool.

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

Incorporate feedback information gained in 11.a (above) to ensure that staff are reflective of the needs of multiple constituencies and populations within our community.

**11.c. STAFF TRAINING**

Priority: **Medium**

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

To ensure system staff are providing services under a broad umbrella of cultural competence.

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

Provide specific trainings for staff on culturally relevant issues.

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

Board will collaborate to offer a minimum of one culturally-specific training to the system annually.  
\* FY2009 Board will offer Culture of Poverty/Bridges training to system staff and community.

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

Board will collaborate with Allen County Health Partners, Covenant Ministry Services, Family Resource Centers, Lutheran Social Services (and other contract agencies) and the United Way of Greater Lima to provide this training.

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

Priority: **High**

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

To ensure appropriate access to care.

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

Board will utilize data gathered from the activities of 11.a to develop service delivery and access strategies.

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

Board will utilize a minimum of three (3) focus experiences to gather data for planning and service contacting.

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

See 11.a

*Click on gray box to enter text.*

**11.e. OTHER:**   
Priority:

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

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

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

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

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

*Click on gray box to enter text.*

**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.*

Medicaid Match is a concern especially in paying for out of county Medicaid services.

**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). **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.*

Changes initiated in FY 2008 will help to address FY 2009 issues.

**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.*

<p>The board established a Program Feasibility Analysis (PFA) process for the FY 2008 contract that identifies specific outcomes based on NOMS for every program funded by the board. These outcomes, identified in the PFA's for each agency, are the basis for the community plan strategies identified herein. These NOMS are currently being reported and will be utilized to assess the effectiveness of the Board's Community Planning process. Particular attention is being paid to the following NOMS:</p> <ol style="list-style-type: none"> <li>1. School Success</li> <li>2. Employment</li> <li>3. Hospitalizations</li> <li>4. Family Stability</li> <li>5. Jail Recidivism</li> <li>6. Housing Stability</li> <li>7. Social Connectedness</li> </ol>	E.1
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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.*

<ol style="list-style-type: none"> <li>1. MACSIS - ID high utilizers, retention, could use TA on reports available</li> <li>2. BH Module - Employment, Housing Stability, School, Criminal Justice Recidivism, Hospitalization</li> <li>3. Agency Program Reports - PFA reporting NOMS and financial status</li> <li>4. Ohio Scales - Just beginning to use Ohio Scales, need TA</li> <li>5. IHBT Reports - beginning the process with one provider, reports on Web Based System</li> <li>6. Teen Screen Reports - reports available from Columbia University</li> <li>7. OACBHA Reports - still learning how to use</li> </ol>	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>The board would appreciate technical assistance in utilizing various data bases in tracking effectiveness of services.</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:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Kara Marciani	600 Wayne Avenue	Dayton	45410	937 496 2000	kmarciani@eastway.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Deb Stinson	205 W Market Street	Lima	45801	419 229 2222	dstinson@lssnwo.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Phillip Atkins	1541 Allentown Road	Lima	45805	419 222 5120	phil@mhrs.org

Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Northcoast-Toledo</b>	365
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Total Inpatient Days</b>	365

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 Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties (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:

\_\_\_\_\_  
Michael Schoenhofer (Name)  
Executive Director  
Mental Health and Recovery Services Board of Allen, Auglaize and Hardin  
Counties (Board)

Date: 2/20/08